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Getting Loaded, Getting Laid: Young men's narratives of intoxicated sex

by

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in partial fulfillment of the requirements for the degree of

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Canada

Dedication

To all of you who fed me, kept me in pajama jobs, paid for drinks,

set me up with swank pads to write in,

and otherwise encouraged me at every step.

I couldn't have done this without my community of friends.

Thanks for your belief and support.

Abstract

Sex under the influence of drugs and alcohol has been cited as a risk factor for sexual health and some research suggests gender plays a determining role. While men are often conceptualized as risk factors in women's sexual health, little is known about how men themselves understand and negotiate the risks involved with intoxicated sex. The purpose of this qualitative study is to gain a better understanding of the experience and meaning of intoxicated sex from the perspective of men and to describe how a culture of recreational drug use, the pursuit of pleasure, and masculinities interact to structure choices young men make about risk taking practices. In-depth interviews conducted with 16 men ages 19 to 31 years living in Whistler, BC collected descriptive data about the local social context and a total of 35 narratives of intoxicated sex. Analyses of these two types of data (descriptive and narrative) revealed a coherent set of public narratives (designed as performances) that reinforced dominant ideals of masculinity and a second set of private narratives that illustrate how masculine identities can be complicit, contradictory and/or contest prevailing public ideals of the 'Whistler guy'. Results also suggest that, for some young men, the social meanings of different substances allows expressions of masculinities while intoxicated that might not be acceptable to peers in a sober context. These findings aim to inform more gender sensitive health promotion strategies to men.

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Table of Contents

Chapter 1:	**Epidemiologic Perspectives**	1
	1. Why Study Intoxicated Sexual Behaviour?	2
	2. Substance Use and Sexually Transmitted Infections, HIV & AIDs	4
	3. Substance Use and Condom Use	6
	4. Substance Use and Sexual Partners	10
	• Multiple sex partners	10
	• Type of partner	11
	5. Substance Use and Sexual Violence	13
	6. Summary and Critique of Epidemiologic Approaches	15
Chapter 2:	**Theoretical Perspectives on Intoxicated Sex**	21
	1. Drug	22
	2. Set	26
	3. Setting	31
	• Interpersonal setting factors	31
	• Physical and social setting factors	34
	4. Beyond setting: Contributions from social theory	37
	• Normalization of substance use	38
	• Risk and pleasure	41
	• Masculinity	43
	5. Summary	45
	6. Research Objectives	46
Chapter 3:	**Methods**	48
	1. Overview	48
	2. Methodological Approaches	48
	3. Methods	50
	• Rationale for study location	50
	• Information/consent and screening procedure	52
	• Screening items	52
	• Interview inclusion and exclusion criteria	53
	• Purposive sampling	53
	• Interview procedures	54
	• Fieldnotes	56
	4. Overview of Data Analyses	57
	• Stage 1: Data Organization	57
	• Stage 2: Thematic Analysis	58
	• Stage 3: Narrative Analysis	59
	5. Role of Researcher	63
	6. Credibility of Findings	69

Chapter 4:	**Description of Participants**	73
	1. Demographics	73
	2. Substance Use	75
	• Drinking	75
	• Drug Use	75
	3. Sexual Behaviour	78
	4. Qualitative Description Table	79
Chapter 5:	**Social Context of Intoxicated Sex**	85
	1. Whistler Setting	86
	2. Whistler Masculinities	89
	• Whistler Dude	90
	• "*That* Guy" and "Not *that* guy"	94
	3. Social Pharmacology	100
	• Meeting sexual partners	100
	• The pick up	102
	• Sex under the influence	106
	• The come down	111
	4. Risk and Pleasure	113
Chapter 6:	**Stories of Intoxicated Sex**	117
	1. Public Stories	117
	• Blackout Stories	119
	• Ugly Girl Stories	121
	• Messy Drunk Sex Stories	124
	• Glory Stories	126
	2. Private Stories	128
	• Good Sex Stories	129
	• Redemption stories	133
	• Shouldn't have happened stories	136
	• Weird Sex Stories	139
Chapter 7:	**Discussion**	145
References		155
Appendices		
	Appendix A: Third Party Recruitment Protocol	167
	Appendix B: Recruitment Aid (Flyer Handout)	170
	Appendix C: Website Content	171
	Appendix D: Alternate Screening Procedure	180

Appendix E:	Notification of Ineligibility for Study	188
Appendix F:	Notification of Eligibility for Study	189
Appendix G:	Interview Consent Form	190
Appendix H:	Interview Protocol	192
Appendix I:	Resources Handout	195
Appendix J:	Follow-up Interview	196
Appendix K:	*Whistler Question* Cover shot	198

List of Tables

Table 1: List of Stories by Participant 60
Table 2: Demographic Data 74
Table 3: Participant Profiles 81
Table 4: Thematic Analysis Summary 85
Table 5: Categorization of Stories of Intoxicated Sex 118

List of Figures

Figure 1: Data rendering diagram 58
Figure 2: Thematic analysis diagram 59
Figure 3: Scene analysis diagram 61
Figure 4: Genre analysis 63
Figure 5: Frequency of Cannabis Use in the Past Year by Participants 76
Figure 6: Types of Drugs used by Participants 77
Figure 7: Polysubstance Use by Participants 78
Figure 8: Frequency of Intoxicated Sex 79

CHAPTER 1: EPIDEMIOLOGIC PERSPECTIVE

Substance use prior to sex has been associated with poor sexual health outcomes including sexually transmitted infections, HIV/AIDS and sexual violence. Alcohol and other drugs are commonly assumed to 'disinhibit' sexual behaviour, leading to more sexual risk-taking, and consequently, increased likelihood of poor health outcomes. However, epidemiologic investigations into the nature of the association between substance use and sexual behaviours reveals more complex relationships than simply disinhibition. As this chapter demonstrates, 'sex under the influence' is variably associated with gender, substance use patterns, type of sexual partner, number of lifetime partners, and condom use.

Epidemiologic studies investigating relationships between substance use and sexual behaviour reveal three levels of association (see reviews by Cooper, 2002; Halpern-Felsher, Millstein, & Ellen, 1996; Leigh, 2002; Weinhardt & Carey, 2000). One, *global association studies* do not specifically focus on intoxicated sex, but quantify relationships between patterns of substance use and risky sexual practices, typically using population surveys. Two, *situational level studies* investigate quantitative relationships between frequencies of sexual activity under the influence of alcohol and drugs with frequencies of sexual risk behaviours. Three, *event level studies* investigate specific episodes of sexual behaviour subsequent to substance use. Global and situational level studies are typically cross-sectional in design and reveal associations, not causal relationships. Event level studies, on the other hand, compare sexual events that happened under the influence to sexual events that did not happen under the influence to determine the potential impact of substance use on risky sex practices and therefore

permit exploration of possible causal mechanisms. Event level studies tend to be longitudinal in design and often use diary methods, wherein participants report on their sexual and substance use behaviours over a period of time (e.g., Bailey, Gao, & Clark, 2006; Fortenberry et al, 1997; Morrison et al, 2003). The sheer volume and diversity of epidemiologic research in this area precluded a systematic review of all this literature. Nonetheless, the following subsections provide a brief review of the relevant epidemiologic research in this area, highlighting the divergent findings that can emerge across different levels of association.

1. Why Study Intoxicated Sexual Behaviour?

Changing trends in the spread of sexually transmitted infections, HIV and AIDS are a growing concern in Canada. Young people are at highest risk for sexually transmitted infections, with the highest rates of chlamydia occurring among young women ages 15-24, and the highest rates of gonorrhea among young men 20-24 years of age (Public Health Agency of Canada, 2005a). In British Columbia (BC), rates of chlamydia, gonorrhea and syphilis are all above Canadian national averages, which have steadily increased since 1997 (BC Center for Disease Control, 2004). Results presented in the *STI/HIV Control 2004 Annual Report* indicate that chlamydia rates have increased 135% among men, the highest rate of change across the country (BC Center for Disease Control, 2004). Similarly, 85% of the cases of gonorrhea in BC are men, the largest proportion of male cases of gonorrhea nationally (BC Center for Disease Control, 2004). While reported cases of HIV and AIDS are lowest among young people in Canada, the fastest growing rates of HIV are among young women (Public Health Agency of Canada, 2004). With respect to possible route of transmission, heterosexual contact is responsible

for approximately 20% of all positive HIV tests (Public Health Agency of Canada, 2005b), and among women, heterosexual contact is responsible for approximately 58% of positive HIV tests (Public Health Agency of Canada, 2004).

In an attempt to find ways to prevent sexually transmitted infections and HIV/AIDS, epidemiological research has investigated risk factors that contribute to the spread of these infections and diseases. Because it is commonly believed that intoxication affects people's abilities to engage in safer sex, research has focused on understanding the nature of the connections between substance use and risky sexual practices (Kaiser Foundation, 1999). Condom use, as well as the number and type of sexual partners are related to the spread of sexually transmitted infections and have consequently been investigated in relation to substance use (Colfax & Guzman, 2006; Cooper, 2002; George & Stoner, 2000; Kaiser Foundation, 1999; Leigh, 1990).

Beyond infectious disease transmission, alcohol and other drug use is also associated with sexual violence. Some reviews conclude that between 30% to 90% of sexual assaults involve alcohol and 13% to 42% involve illicit drugs (Kaiser Foundation, 1999). Epidemiological research in this area has attempted to uncover the role of drugs and alcohol in relation to sexual violence (Champion et al, 2004; Kaiser Foundation, 1999; Poole & Dell, 2005).

Gender is differentially associated with both substance use and sexual risk behaviours. For example, men are more likely than women to drink heavily and consume illicit drugs (Graves & Leigh, 1995; Kaiser Foundation, 1999; Parker, Williams, & Aldridge, 2002; Wadsworth et al, 2004), though more recent evidence suggests that patterns of young women's risk taking behaviours are similar to men's (Lindsay, 2005).

Moreover, some evidence suggests that heterosexual men who use substances are more likely than women to have multiple partners and to engage in casual sex (Fromme, D'Amico & Katz, 1999, Graves & Leigh, 1995; Poulin & Graham, 2001; Sen[illegible] Price, 1994;) and are less likely to have safer sex than both women (Staton et al, 1999; MacDonald et al 2000a, 2000b) and gay men (Leigh, 1990). Women are more likely than men to engage in unprotected sex, but this phenomenon overwhelmingly occurs in the context of heterosexual relationships (Logan, Cole, & Leukefeld, 2002). Certainly, statistics regarding sexual violence point to the clear significance of gender, with over 95% of perpetrators being male (Statistics Canada, 2003) and 86% of victims being female (Statistics Canada, 2005). These patterns of risk taking behaviours suggest that the substance use and sexual practices of heterosexual men are of particular concern. Thus, epidemiologic findings related to men – and particularly heterosexual men – are highlighted in the following subsections.

2. Substance Use and Sexually Transmitted Infections, HIV and AIDs

Global association studies support the notion that alcohol is associated with STIs. A literature review indicated that people who drank to intoxication were twice as likely as others to have experienced a sexually transmitted infection (Kaiser Foundation, 1999). Among men attending a health clinic for treatment of sexually transmitted infections, 75% had used alcohol in the previous 3 months and 34% of the sample scored 8 and above on the AUDIT scale, a score that indicates hazardous and/or harmful drinking patterns (Kalichman et al, 2003). Men with higher scores on the AUDIT scale were more likely to have had sex with a casual partner and to have unprotected sex than those with lower AUDIT scores (Kalichman et al, 2003). Similarly, heavy alcohol use is associated

with being HIV positive. People who abuse alcohol are 20 times more likely to be HIV positive than people who do not abuse alcohol (Kaiser Foundation, 1999).

Research investigating associations between illicit drug use and sexually transmitted infections has found that people who use illicit drugs are three times more likely than non-illicit drug users to be diagnosed with a sexually transmitted infection (Kaiser Foundation, 1999). In an American national survey, among those who reported using illicit drugs in the past year, 19% of men and 16% of women have had a sexually transmitted infection, compared to 7% of men and 6% who report not using illicit drugs (Ericksen & Trocki, 1994, cited in Kaiser Foundation, 1999). The use of 'club drugs' such as methamphetamine, amyl nitrate, and other non-injection drugs is associated with sexually transmitted infections and HIV (Colfax & Guzman, 2006; Stall & Purcell, 2000). For example, among men who have sex with men, recent use of Viagra was associated with being HIV positive (Paul et al, 2005), and among heterosexual methamphetamine users, 28% reported having a sexually transmitted infection within the past two months (Semple, Patterson & Grant, 2004).

The causal mechanisms underlying these global associations between illicit drug use and sexually transmitted infections and HIV/AIDs are unclear (Colfax & Guzman, 2006). However, because the physiological effects of some illicit drugs decrease a person's ability to orgasm, one plausible account is that prolonged sexual encounters may increase risk of HIV and transmission of sexual infections (Colfax & Guzman, 2006; Rhodes & Stimson, 1994; Theall, Elifson, & Sterk, 2006). Furthermore, club drug use has been associated with decreased adherence to anti-retroviral therapy medication,

which may increase susceptibility to other sexually transmitted infections (Colfax & Guzman, 2006).

3. Substance Use and Condom Use

Literature reviews detailing research about the association between substance use and condom use often contradict each other. Some studies show positive correlations between these variables, some show negative correlations, and others null or mixed correlations (Cooper, 2002; George & Stoner, 2000; Halpern-Felsher, Millstein & Ellen, 1996; Leigh, 2002; Weinhardt & Carey, 2000;).

At the global level of investigation, cross sectional research consistently shows a strong positive association between substance use and unprotected sex (Brodbeck, Matter, & Moggi, 2006; Graves & Leigh, 1995; Guo et al, 2002; Halpern-Felscher, Millstein & Ellen, 1996; Leigh, 1990; Poulin & Graham, 2001; Staton et al, 1999). Young adults and adolescents who drink heavily are more likely to engage in unprotected sex than those who do not exhibit heavy alcohol use (Graves & Leigh, 1995; Halpern-Felscher, Millstein & Ellen, 1996). Some longitudinal research has found that young people who drank heavily and used illicit drugs as teens are less likely to use condoms as young adults and more likely to continue patterns of substance use (Guo et al, 2002; Staton et al, 1999). Young people who smoke cannabis are more likely to have unprotected sex than young people who abstain (Brodbeck, Matter, & Moggi, 2006; Leigh, 1990). Among adolescent male students, those who reported using cannabis more than once a month were more than twice as likely to report inconsistent condom use than males who used cannabis less than once a month (Poulin & Graham, 2001).

Situational level studies revealed more mixed patterns of associations between condom use and substance use. Some evidence supports the idea that individuals who use alcohol and other drugs prior to sex are more likely to have unprotected sex in general (Kingree, Braithwaite & Woodring, 2000; Leigh, 1990). Among college males, drinking prior to sex was associated with being less likely to use a condom during any sexual event (La Brie et al, 2005). Adults who had sex under the influence of alcohol more frequently in the past 30 days than adults who report fewer events of intoxicated sex were also more likely to engage in unprotected sex (Leigh, 1990). Similarly, people who had sex under the influence of cannabis in the past 30 days were more likely to have engaged in more acts of unprotected sex (Leigh, 1990). Adolescent detainees who smoked cannabis before or during a sexual event in the previous month reported more acts of unprotected sex and greater intentions to not use condoms in the future (Kingree, Braithwaite & Woodring, 2000). Other studies reported mixed associations between alcohol and condom use at the situational level (Bailey, Gao & Clark, 2006; Cooper, 2002; Fortenberry et al, 1997; Leigh, 2002; Morrison et al, 2003; Poulin & Graham, 2001; Senf & Price, 1994). In a meta-analysis of thirteen studies investigating alcohol and condom use, drinking prior to a sexual encounter was associated with condom use only in first sexual encounters, where condom use was negatively associated with substance use (Leigh, 2002). Senf and Price (1994) conducted three separate studies with young adults and reported that drinking was not associated with condom use at last sexual intercourse.

At the event level, research suggests that the association between alcohol and other drug use and risky sexual practices all but disappears (Bailey, Gao & Clark 2006;

Fortenberry et al, 1997; Morrison et al, 2003; Poulin & Graham, 2001; Weinhardt & Carey, 2000). Thus, diary studies fail to show any positive relationship between condom use in a sober sexual event, or an inverse relationship between condom use in an intoxicated sexual event (Bailey, Gao & Clark 2006; Fortenberry et al, 1997; Morrison et al, 2003). Similarly, when cannabis use prior to sex was investigated at the event level, condom use was not significantly associated with either intoxicated or sober sex (Brodbeck, Matter & Moggi, 2006). These findings suggest that young people who use condoms when they are sober are likely to use condoms when intoxicated (Fortenberry et al, 1997; Leigh, 1990; Weinhardt & Carey, 2000).

Further complicating the epidemiologic literature, other studies found that alcohol use was associated with *greater* likelihood of protected sex (Graves & Leigh, 1995; MacDonald et al, 2000). Graves and Leigh (1995) found that young adults who had more episodes of sex under the influence of alcohol were also more likely to use condoms. This suggests that, in certain circumstances, when young people drink, they are *more* likely to use condoms. Experimental studies demonstrate that intoxicated participants are more likely than sober participants to report intentions to use condoms when strong inhibiting cues were present (MacDonald et al, 2000a, 2000b). In a study with young women, those participants most concerned about negative outcomes related to unprotected sex were most likely to use condoms, including sexual events under the influence of substances (Bailey et al, 2006).

"Club drug" use and its relationship to condom use have been studied primarily in populations of men who have sex with men and young people who attend raves (Colfax & Guzman, 2006; Denegardt, 2005; Stall & Purcell, 2000; Theall, Elifson, &

Sterk, 2006). Global level studies show that men who have sex with men who use drugs prior to sex are more likely to engage in higher risk sexual behaviour (Stall & Purcell, 2000). In populations of men who have sex with men, use of MDMA (3,4-methylenedioxy-N-methylamphetamine) and/or GHB (gamma-Hydroxybutyric acid) has been associated with unprotected anal sex, while ketamine has been associated in some but not all studies with general sexual risk behaviour (Colfax & Guzman, 2006). Viagra use is strongly associated with unprotected anal sex with greater numbers of sex partners (Paul et al, 2005). In studies of ecstasy users, approximately 50-60% of respondents report using a condom all the time with casual partners (Denegardt, 2005; Theall, Elifson, & Sterk, 2006), compared to 44% of young people aged 20-24 in a Canadian population sample, the highest rate of non-condom use across all age groups (Rotermann, 2005). Among recreational drug users on holiday versus those staying at home, drug and alcohol use was unrelated to condom use, although the sample used significantly more drugs and alcohol when on vacation (Elliott et al, 1998). However, qualitative findings indicated that drugs and alcohol were sometimes cited as the reason for not using condoms (Elliot et al, 1998; Rhodes & Cusick, 2002).

Methamphetamine users may be more at risk of unprotected sex because of a greater frequency of sex associated with methamphetamine use (Colfax & Guzman, 2006; Semple, Patterson & Grant, 2004). For example, in a study with heterosexual methamphetamine users, participants reported high rates of sexual activity compared to national averages, (M = 19.8 events of vaginal intercourse versus M = 6.5; Semple, Patterson & Grant, 2004). Among those reporting unprotected sex, participants had an average of 29.2 episodes of unprotected vaginal sex, 13.1 episodes of unprotected anal

sex and 52.1 episodes of oral sex in a two month period (Semple, Patterson & Grant, 2004).

Several literature reviews in this area conclude that the relationship between substance use and condom use is not a simple inverse association, but is modified by variables such as type of sexual partner, nature of the sexual event, personality traits and substance use expectancies (Cooper, 2002; George & Stoner, 2000; Halpern-Felsher, Millstein & Ellen, 1996; Leigh, 2002; Weinhardt & Carey, 2000). For example, when the sexual partner was considered casual, that is, not a committed, regular sexual partner (La Brie et al, 2005), no relationship was observed between alcohol use prior to sex and condom use. Similarly, condom use was not associated with drinking before a sexual event when the relationship was considered monogamous, even though some of these relationships may have been less than 4 weeks in duration (Corbin & Fromme, 2002). These findings suggest that the nature of one's relationship with a partner may be a much stronger predictor of condom use than alcohol use per se (Bailey et al, 2006; Fortenberry et al, 1997; La Brie et al, 2005: Leigh, 2002) and that young people's definitions of monogamy may impact how consistently they use protection whether a person is under the influence of alcohol or not (Corbin & Fromme, 2002).

4. Substance Use and Sexual Partners

Multiple sex partners. Evidence from global level studies suggests the number of sex partners a person has is associated with substance use patterns. Thus, people who drink and who drink heavily are more likely to have a greater number of past sexual partners (Cooper, 2002; Graves & Leigh, 1995; Senf and Price, 1994). Adolescents who engaged in binge drinking (Guo et al, 2002) or were frequent alcohol users (Staton et al,

1999) had significantly more sexual partners by the time they were 19-21 years old than their moderate-drinking counterparts.

Young people who report use of illicit drugs are more likely to report multiple sexual partners (Kaiser Foundation, 1999; Graves & Leigh, 1995). Young people who report using cannabis are likely to have had more sexual partners than those not reporting cannabis use (Brodbeck, Matter & Moggi, 2006; Graves & Leigh, 1995; Guo et al, 2002; Poulin & Graham, 2001). In a sample of ecstasy users, heavy users were significantly more likely to report sex with 2 or more people on one sexual occasion compared to non-heavy users (7.5% vs 1.6%; Theall, Elifson & Sterk, 2006). Among samples of men who have sex with men, those who use ecstasy (Colfax & Guzman, 2006) and Viagra (Paul et al, 2005) report greater numbers of multiple partners over a lifetime than those who do not use those drugs.

In situational level studies, young adults who indicated they had been drinking at last intercourse had an average of 2.3 partners in the past six months compared to 1.4 in those who were sober at last intercourse (Senf & Price, 1994). Adolescents who had unplanned sexual intercourse under the influence of either alcohol or drugs were four times more likely to have had two or more sexual partners in the past year (Poulin & Graham, 2001). These findings suggest that there is a robust association between sex under the influence and the likelihood of having greater numbers of lifetime sexual partners.

Partner type. Engaging in sex with casual and new sexual partners is associated with substance use (Bailey et al, 2006; Brodbeck, Matter & Moggi, 2006; Corbin & Fromme, 2002; LaBrie et al, 2005). Evidence shows that cannabis using young adults

were twice as likely to have casual partners as non users (30% versus 15%; Brodbeck, Matter & Moggi, 2006). Situational level research indicates that, compared to sexual events with regular partners, sexual events with new or casual partners are more likely to involve alcohol and/or drug use (Bailey et al, 2006; Cooper, 2002; Corbin & Fromme, 2002; Kaiser Foundation, 1999; La Brie et al, 2005; Senf & Price, 1994). When participants reported sex with a partner known less than 3 weeks, 48% of men had been drinking and 38% of women had been drinking on that occasion, significantly more than sober participants (Graves, 1995, cited in Kaiser Foundation, 1995). In studies with men specifically, those who reported sex with a new or casual partner versus those who had sex with a regular partner were more likely to have consumed alcohol and to have consumed more alcohol (ranging from 3.5 - 4.6 drinks for events with casual partners compared to 2.3 drinks with regular partners) on that occasion (Kalichman, 2003, La Brie et al, 2005).

Some research suggests that alcohol may influence one's *selection* of sexual partners (Cooper, 2002; George & Stoner, 2000; Weinhardt & Carey, 2000). In experimental studies, intoxicated women were more likely to choose 'riskier' male dates – that is, men perceived to be attractive and promiscuous – for potential sexual involvement in hypothetical scenarios than sober women (Murphy, Monahan & Miller, 1998; cited in George and Stoner, 2000). Other studies found that female participants were more likely to have sex with less known partners when they had been drinking prior to intercourse (Weinhardt & Carey, 2000).

Interestingly, some evidence suggests that drug use of one's sexual partner had a more powerful predictive effect on risky sex than alcohol and other drug use reported by

the participant her/himself (Leigh, 1990). While it is most common for both sexual partners to be using either drugs or alcohol in a sexual situation that involves substance use (Corbin & Fromme, 2002; Cooper & Orcutt, 1997), one study found that the probability of intercourse was much higher when the male partner drank and the female participant was sober compared to all other combinations of gender and sexual situations, either under the influence or sober (Cooper & Orcutt, 1997). Coercion by the male partner did not explain this effect as most female participants described this event as mutually desired (Cooper & Orcutt, 1997). In a sample of ecstasy users, having a drug using partner was highly predictive of risky sex (Theall, Elifson & Sterk, 2006) and in a population study of adults, drug use by partner was a significant predictor of risky sex (Leigh, 1990). While these findings were not the main results reported in these studies, they do suggest that individuals involved in a sexual situation are vulnerable to the use of substances by their sexual partner whether they consume substances or not.

5. Substance Use and Sexual Violence

Sexual assaults[1] are likely to involve use of alcohol and drugs by either or both victim and assailant (George & Stoner, 2000; Kaiser Foundation, 1999). Despite recent focus on what have been labeled 'date rape drugs', alcohol remains the most common substance associated with sexual assault. Between 30% to 90% of sexual assaults are estimated to involve alcohol (George & Stoner, 2000; Kaiser Foundation, 1999). In more than 60% of sexual assaults involving alcohol, both parties were drinking prior to the assault, while in 25% of assaults only the victim drank (Kaiser Foundation, 1999).

---

[1] Most data on sexual assault assumes a female victim and a male perpetrator unless specifically stated otherwise.

Data collected from university and college populations show that alcohol is the substance most commonly linked to 'date rape' -- sexual assault where the assailant is a sex partner, boyfriend or male friend[2] (George & Stoner, 2000; Kaiser Foundation, 1999). Among sexual assaults reported by college students, 46% involved alcohol consumed prior to the event by either or both of the people involved (Kaiser Foundation, 1999). In another college study, 21% of women and 23% of men reported that alcohol or drugs were used to obtain unwanted sexual intercourse from opposite sex partners (Kaiser Foundation, 1999). Dates characterized by sexual aggression were much more likely to involve heavy drinking or drug use than dates not characterized by sexual aggression (Kaiser Foundation, 1999).

Illicit drugs have also been associated with sexual assault. Drugs that sex offenders were most likely to report they were using at the time of the sexual assault were cannabis (14%) and cocaine/crack (9%; Kaiser Foundation, 1999). A total of 42% of sex offenders who were tested at the time of arrest, tested positive for illicit drugs. Media attention has highlighted sexual assaults in which drugs are given surreptitiously to a victim with the aim of rendering her suggestible to sex or unable to defend herself from unwanted sex (Kaiser Foundation, 1999; Weir, 2001). Approximately 25% of the 1400 women who contacted the Canadian Women's Sexual Assault Centre reported that drugs were involved in the sexual assault they experienced (Weir, 2001). According to data from drug tests from sexual assault victims who believed they were drugged (n = 2003), GHB accounted for 3% and Rohypnol less than 1% of positive drug tests in assault victims (Weir, 2001). Instead, cannabis (18%) and benzodiazepines (14%) were the most

[2] According to Statistics Canada (2005), 77% of women sexual assault victims know their assailant.

common drugs to be reported by women who had been drugged and assaulted (Weir, 2001). Notwithstanding these findings, alcohol remains the most commonly reported substance involved in sexual assaults (Kaiser Foundation, 1999; Payne-James & Rogers, 2002; Weir, 2001).

Recent data suggest that drug-facilitated sexual assault may be increasing (McGregor et al, 2004). In a study that looked at sexual assault data from hospitals from 1993 to 2002 in the Greater Vancouver area in BC, rates of drug facilitated sexual assault among women (95.5 % of all sexual assaults reported) increased from 3.4 assaults per 100,000 to 10.7 per 100,000 (McGregor et al, 2004). The age group most at risk is young women ages 15 to 19, with the highest incidence of drug-facilitated sexual assault of any age group (McGregor et al, 2004). While men accounted for only 11 of the drug facilitated sexual assaults recorded in the hospital data, notably 9 of them have occurred since 1998, when rates of hospital visits involving drug facilitated sexual assault among women also increased significantly (McGregor et al, 2004).

6. Summary and Critique of Epidemiologic Approaches

As the literature reviewed in this chapter shows, substance use and sexual behavior are inextricably linked. Young people who report drinking or using drugs are more likely to report having contracted an STI, have higher numbers of lifetime sex partners and are more likely to have sex with casual partners rather than regular partners. Alcohol and drugs are often involved in sexual assaults. However, as acknowledged in the literature, the nature of this relationship is complex, and is not easily characterized as a single positive association between substance use and risky sexual behaviour (Cooper, 2002; George & Stoner, 2000; Graves & Leigh, 1995). Evidence that substance use in

some way causes risky sex has been variable at best (Rhodes & Stimson, 1994; Rhodes, 1997; Weatherburn & Project SIGMA, 1992). The most common risk variable investigated in this area – condom use –is inconsistently associated with substance use, with some studies showing a positive association, some a negative association, and some showing a mixed relationship.

These variable findings can be explained in part by differences in methodological approaches (Cooper, 2002; Halpern-Felscher, Millstein, & Ellen, 1996; Leigh, 2002; Weinhardt & Carey, 2000). To demonstrate the effects of methodology on findings Corbin and Fromme (2002) examined the *same* data at the three different levels of association – global, situational and event levels. This study examined alcohol use and serial monogamy as risk factors for sexually transmitted diseases among college population of young adults. Using each approach with the same sample of participants, they found three types of findings that yielded contradictory results. At the global level, condom use was unrelated to alcohol use with either a new or regular partner. At the situational level, participants reported that condoms were more likely to be used in intoxicated sexual encounters, compared to sober sex, but only with new partners. Finally, at the event level, condom use varied significantly by partner type, and expectancies that alcohol consumption leads to sex. Results at this level showed that condom use was unlikely with new partner when alcohol was involved, but only for individuals who had stronger alcohol-sex expectancies. The conflicting findings revealed by this study are supported by the conclusions of other event level studies; namely, that strong global associations between substance use and unprotected sex reported using

global cross sectional analyses, weaken or disappear at the event level (Bailey, Gao, & Clark, 2006; Fortenberry et al, 1997; Morrison et al, 2003).

As a result of these inconclusive and mixed findings, a number of criticisms can be directed toward public health and health promotion research on intoxicated sexual behaviour that relies exclusively on an epidemiologic perspective. First, the literature is predominantly focused on the relationship between alcohol use and sexual behaviour (George & Stoner, 2000; Kaiser Foundation; 1999). Few studies have explored illicit drug use in relation to sexual risk as thoroughly as studies that look at alcohol use (Brodbeck, Matter & Moggi, 2006; Colfax & Guzman, 2006; Degenhardt, Copeland, & Dillon, 2005; Rhodes & Stimpson, 1994). Given that there is mounting evidence of 'normalization' of drug use among young people, particularly the use of cannabis (Duff, 2003b; Parker, Williams & Aldridge, 2002), and of recreational poly-substance use (Barrett et al, 2005; Hopper et al, 2006; Parker, 2005; Parker & Williams, 2003), more information about the relationship between drugs used recreationally and sexual behaviour seems warranted. Moreover, some studies combine illicit drugs and alcohol within one substance use category and generalize results, which effectively ignore the different pharmacological effects and social meanings of different drugs for substance users (Kaiser Foundation, 1999; Weatherburn & Project SIGMA, 1992). Assuming similarities in effects and social significance between such different drugs as stimulants and depressants may distort findings about the relationship between of the specific drug effects and sexual risk.

Defining sexual risk has been similarly problematic. Because of the function of prophylactics in preventing the spread of sexually transmitted infections and HIV, sexual

risk has been almost exclusively defined in terms of one risk behaviour – the use or non use of condom use (Cooper, 2002; deVisser, 2004; Rhodes & Stimson, 1994). However, when actual condom use practices have been documented among heterosexuals, research shows that individuals, particularly those involved in a casual sexual relationship, are likely to engage in some penetrative unprotected sex before the male partner puts on a condom (deVisser, 2004). Partial condom use may be reported as protected sex, hiding the extent of actual unprotected sex among sexually active young people (deVisser, 2004). A related concern about the overwhelming focus on condom use is that it overlooks the multitude of factors that substance users themselves may define as risky (Cooper, 2002). Other studies that defined sexual risk based on participants' definitions included more emotionally consequential factors, such as regret (Holland et al, 2004; Coleman & Carter, 2005), shame (Weatherburn & Project SIGMA, 1992), and sexual reputation among peers and community (Holland et al, 2004; Shoveller et al 2004). Thus, while condom use provides a convenient variable for assessing sexual risk, even when studied at the event and situational levels, this variable tells us little about actual risk taking practices, what factors impact on their sexual risk taking and what young people themselves define as sexual risk taking.

Another problem identified in the literature on substance use and risky sex is the focus on particular subpopulations identified as 'at risk' (Kaiser Foundation, 1999; Shoveller & Johnson, 2006). The 'high risk populations' identified in the review of the literature by the Kaiser Foundation (1999) included teenagers, women, gay and bisexual men, substance abusers, and prostitutes. College students are commonly the sample used in studies on young adults who engage in high risk behaviours such as drinking and

casual sex (Kaiser Foundation, 1999). Gay men and men who have sex with men are typically the group studied in relation to recreational use of 'club drugs' (Colfax & Guzman, 2006; Myers et al, 1992). Women's drug use is studied in the context of women's gendered social position, and often highlights the sexual inequalities that contribute to their unique issues with substance use and sexuality (Campbell, 2000; Poole & Dell, 2005).

Notably, heterosexual young men are missing as a targeted subpopulation of interest, despite evidence that shows heterosexual men are more likely than women to drink heavily (Graves & Leigh 1995; Wadsworth et al, 2004), to use illicit drugs in greater quantities (Graves & Leigh, 1995; Parker, Williams, & Aldridge, 2002; Wadsworth et al, 2004), to have more sexual partners (Graves & Leigh, 1995; Kalichman et al, 2003; Staton et al, 1999) and to engage in more casual sexual encounters (Graves & Leigh, 1995; Fromme, D'Amico, & Katz, 1999; Kalichman et al, 2003; La Brie et al, 2005). Additionally, women have higher rates of STIs and are increasingly at risk for contracting HIV, rate changes that are primarily attributable to heterosexual contact (Public Health Agency of Canada, 2004). While heterosexual men are undeniably linked to poor sexual health outcomes for women (Logan, Cole, & Leukefeld, 2002), research on heterosexual men focuses largely on their role as perpetrators of sexual assault (Gross et al, 2001) and identifying factors that contribute to their inconsistent condom use (Bancroft et al, 2004; Flood, 2003; Hoffman & Bolton, 1997; MacDonald et al, 2000b; Norton et al, 2005). As a result, considerably less is known about how heterosexual young men understand and experience the interaction between substance use and risky sexual behaviour and the role gender plays in this connection.

Overall, the best that may be said of the epidemiological literature to date is that it identifies the significant effects of moderating variables such as partner type, type of sexual event and gender on the relationship between substance use and sexual behaviour (Cooper, 2002; Fortenberry et al, 1997; Graves & Leigh, 1995; Halpern-Felsher, Millstein & Ellen, 1996; Leigh, 2002; Morrison et al, 2003; Senf & Price, 1994). This suggests that effects of substance use on risky sexual behaviour are strongly affected by "third variables", such as expectancies, personality traits and contextual factors (Cooper, 2006; Cooper, 2002; Halpern-Felsher, Millstein & Ellen, 1996; Staton et al, 1999; Weinhardt & Carey, 2000). In the following chapter, I review the literature that investigates variables theorized to explain these moderating effects.

CHAPTER 2: THEORETICAL PERSPECTIVES

It is commonly assumed that risky sex under the influence arises from the disinhibiting effects of substance use on behaviour (e.g. Cooper, 2006; Graves & Leigh, 1995; Leigh, 2002). However, as the research reviewed in Chapter 1 shows, the association between substance use and sexual behaviour is variable, complex and defies a singular causal explanation. In an attempt to uncover factors that modify the relationship between substance use and sexual behaviour, research has investigated a number of variables, including: psychopharmacologic effects of alcohol and other drugs (see reviews in George & Stoner, 2000, and Kaiser Foundation, 1999), expectancies about substance use and sex (e.g. Cohen & Fromme, 2002; Katz, Fromme & D'Amico, 2000), personality traits (Cohen & Fromme, 2002; Kalichman et al, 2003), and situational factors such as degree of sexual arousal, type of relationship to partner (new, casual, unknown, regular, committed; see Corbin & Fromme, 2002) and type of sexual event (first ever, first with new partner, most recent sexual event; see Bailey et al, 2006; Leigh, 2002). To a lesser extent, contextual factors such as physical and social environments have also been explored in terms of their role in contributing to risky sexual behaviour under the influence of substances (Elliott et al, 1998; Lindsay, 2003; O'Hare, 1999; Tubman & Langer, 1995; Zinberg, 1984). Work and recreational settings, gender, drug culture, social networks, sexual orientation have also been proposed as factors that influence, indirectly, the likelihood of substance use leading to risky sex among young people (Burrows & Olsen, 1998; Elliot et al, 1998; Lindsay, 2003).

Norman Zinberg's (1984) research on substance use provides a useful framework in which to review the theoretical perspectives on the causal link between substance use

and risky sex. In his influential book *Drug, Set, and Setting* (1984), Zinberg outlines three factors that work in combination to influence substance use outcomes: (1) the 'drug' itself, essentially the pharmacological effects on physiology, mood, perceptions and behaviour; (2) the 'set', referring to the individual's personality, personal beliefs and attitudes at the time of consuming substances; and (3) the setting, including both the physical setting and social norms that govern substance use. Each of these categories provides a reference point from which to integrate disparate theory and studies of the causes of risky sex under the influence.

1. Drug

Psychopharmacological effects of substances that have been researched in relation to sexual behaviour include physiological effects such as sexual arousal and performance, and cognitive processes such as risk assessment and decision making. In experimental research, alcohol has been shown to decrease genital response to sexual stimuli and increase orgasm latency in both men and women (George & Stoner, 2000). College-age men reported feeling greater arousal after one drink, but those who received more alcohol demonstrated erection difficulty and impaired ability to ejaculate (Kaiser Foundation, 1999). Similarly, female participants reported greater sexual arousal under the influence of alcohol, but physiologically have increased difficulty with sexual response and ability to orgasm with greater doses of alcohol (Kaiser Foundation, 1999). Long-term alcohol use is also associated with erectile dysfunction and impotence in men and absence of orgasm and disinterest in sex in women (Kaiser Foundation, 1999), damage to the reproductive system in women, and fetal alcohol syndrome in children exposed to alcohol in utero (Kaiser Foundation, 1999; Poole & Dell, 2005).

Illicit drugs have not been studied to the same extent as alcohol, and therefore less is known about their effects on sexual arousal and performance (Kaiser Foundation, 1999). Cannabis is reported by users to enhance sexual pleasure (Kaiser Foundation, 1999). However, chronic cannabis use has been found to decrease sperm mobility and production, and decrease levels of testosterone, and has been linked to low birth weight in infants (Kaiser Foundation, 1999). Cocaine and crack, amphetamines and opiates have been associated with greater sexual desire and activity, particularly among new and irregular users, but chronic use is associated with sexual dysfunction in both men and women, including loss of interest in sex and impotence (Kaiser Foundation, 1999). Many ecstasy users report enhanced pleasure from physical touch and sensual experiences as a result of the drug, but only some report increased sexual desire (Buffum & Moser, 1986; Hutton, 2004; Kaiser Foundation, 1999; Theall, Elifson & Sterk, 2006). Most ecstasy users are likely to report a decreased interest in sex, a decreased ability to orgasm, and for men, decreased ability to achieve an erection while under the influence of MDMA (Buffum & Moser, 1986; Hutton, 2004; Kaiser Foundation, 1999; Theall, Elifson & Sterk, 2006). Negative effects on sexual performance are much more pronounced in males while effects were much more mixed among women (Buffum & Moser, 1986). Amyl nitrate ('poppers'), a vasodilator for heart conditions, is reported to enhance orgasm and help relax the anal sphincter, and is used commonly among populations of men who have sex with men to facilitate and heighten the pleasure of anal sex (Kaiser Foundation, 1999; Paul et al, 2006). GHB is also reported by users to increase sexual desire and is considered by some to be an 'aphrodisiac' (Kaiser Foundation, 1999). However, GHB is more commonly known as a "date rape drug" because perpetrators

have exploited the drug's sedating effects. At higher doses or mixed with alcohol, it can disorient a person, impair memory, or lead to a loss of consciousness, and thus leave a person vulnerable to sexual assault (Kaiser Foundation, 1999; McGregor et al, 2004; Weir, 2001;). Drugs, such as Viagra, that have been designed specifically for improving sexual function are used recreationally to enhance sexual experiences and compensate for the sexual performance inhibiting effects of other recreational drugs (Kaiser Foundation, 1999; Paul et al, 2005). Because of contraindications between drugs such as Viagra, amyl nitrate and amphetamines, or alcohol and GHB, recreational poly-substance using populations may be at increased risk of cardiovascular collapse, seizures, nausea, difficulty breathing, or other substance related harms (Kaiser Foundation, 1999; Paul et al, 2006).

Aggression and vulnerability to violence have also been associated with the pharmacological effects of different drugs. Some psychoactive properties, in particular those of alcohol, appear to increase sexual aggression and 'deviant' sexual arousal (George & Stoner, 2000; Kaiser Foundation, 1999). In experimental studies, when non-consensual scenarios and images of violent rape pornography were presented to sober and intoxicated male participants, intoxicated participants reported significantly greater levels of sexual excitation than sober participants (George & Stoner, 2000). In studies with college men, those who received alcohol were more willing to force a woman to have sex in a theoretical scenario than those who thought they received alcohol or did not receive alcohol (Norris and Kerr, 1993, cited in George & Stoner, 2000). However, alcohol related sexual aggression may be more prominent in those persons already prone to sexually aggressive behaviour (Kaiser Foundation, 1999). Certainly, it cannot be claimed

that alcohol causes sexual assault in any straightforward manner (George & Stoner, 2000).

Other research has emphasized cognitive changes associated with intoxication. For example, alcohol and drug use impairs ability to assess risk, perhaps increasing likelihood to engage in risky sex and vulnerability to sexual assault (Fromme, D'Amico, & Katz, 1999; Kaiser Foundation 1999). An experimental study found that young men who drank alcohol were less capable of negotiating the use of condoms with a partner in a hypothetical sexual situation than placebo or sober male participants (Maisto et al, 2004). Research participants under the influence of alcohol indicated fewer risks associated with unprotected sex and sex with new partners than sober and placebo counterparts, indicating that alcohol may impair risk assessment capacities. (Fromme, D'Amico, & Katz, 1999; Kaiser Foundation, 1999). Another study shows that alcohol may affect an individual's decision making ability. Researchers found that even though intoxicated participants were equally capable as sober and placebo participants to generate a list of negative consequences from unprotected sex (assessing risk), they were more likely than both other groups to report intentions to engage in unprotected sex with a person of unknown risk (Abbey, Saenz, & Buck, 2005).

Alcohol and other drug use may impair a person's ability to decode sexual cues, recognize sexual aggression and affect their physical ability to defend themselves (Gross et al, 2001; Kaiser Foundation, 1999). As mentioned above in the case of GHB, certain substances, such as GHB, ecstasy, ketamine, rhohypnol, other benzodiazepines and most commonly, alcohol, have been used by perpetrators in drug facilitated sexual assault for

their sedating and disorienting properties (Kaiser Foundation, 1999; McGregor et al, 2004; Weir, 2001).

2. Set

While the physiological effects of substances on sexual arousal and cognition are evident in some of the research, the variability of behavioural outcomes reviewed earlier suggests that psychoactive effects of alcohol and other drug use per se are not solely responsible for risky sexual behaviours. Personality traits and expectancies about the effects of substances on sexual behaviour are individual level factors that have been found to explain some of the variance in sexual behaviour under the influence. However, these factors covary with different risk-related outcomes, and some findings contradict each other in terms of the explanatory power of each of these factors, further underscoring the complexity of the phenomenon.

In Zinberg's framework, the "attitude of the person at the time of [drug] use, including his personality structure" (1984, p.5) is one of the three determinants of drug related behaviour. By definition, those people who have risk-taking personalities are more likely to use substances and engage in unsafe sex (Kaiser Foundation, 1999). For example, individuals who exhibit high scores on personality measures of sensation seeking personality are more likely to have unprotected sex with casual partners or one time partners (Kalichman et al, 2003) and report more positive outcome expectancies associated with sex and substance use (Cohen & Fromme, 2002; Kalichman et al, 2003; Katz, Fromme, D'Amico, 2000) and a greater likelihood of using substances (Kalichman et al, 2003; Katz, Fromme, D'Amico, 2000). Young heterosexual adults who used cannabis were more likely to score higher on risk preference and hedonism personality

trait scales than those who did not use cannabis (Brodbeck, Matter & Moggi, 2006). Impulsivity is another personality trait that shows a positive relationship to perceived likelihood of having sex without a condom (Abbey, Saenz & Buck, 2005). Some research shows that individual differences in tendencies to value social conformity is an even stronger predictor of risk behaviour than sensation seeking (Cohen & Fromme, 2002; Katz, Fromme & D'Amico, 2000), suggesting that people may engage in risky behaviour to fit in with perceived peer expectations.

Because people predisposed to sensation seeking, impulsivity, and/or social conformity are more likely to engage in risky behaviour, they may be also more likely to develop positive expectancies around such risk-taking (LaBrie et al, 2005). Research shows that individuals with high scores on sensation seeking and social conformity measures are more likely to believe alcohol disinhibits sexual behaviour than individuals who score low on sensation seeking or social conformity personality traits (Kalichman et al, 2003). Not surprisingly, expectancies are shown to mediate the relationship between personality traits and sex and substance use risk behaviours (Cohen & Fromme, 2002; Kalichman et al, 2003).

Expectancies include beliefs that alcohol has a disinhibiting effect on behaviour that leads a person to engage in unprotected sex. In one study with college students, for example, those who drank excessively in intimate situations had stronger expectancies that drinking would lead to sexual activity by disinhibiting normal behaviour than those participants who did not drink excessively (O'Hare, 2005). Strong alcohol-sex expectancies are also associated with greater likelihood of engaging in unprotected sex in first sexual encounters with a casual or new partner (Corbin & Fromme, 2002; Kalichman

et al, 2003; LaBrie et al, 2005). Men who believed that alcohol disinhibits sexual behaviour were more likely to report engaging in unprotected sex (LaBrie et al, 2005; O'Hare, 1999). Moreover, this relationship appears to be dose-dependent: the more alcohol the participant consumed, the more likely he was to report high expectancies about the disinhibiting effects of alcohol, and the more likely he was to report having unprotected sex (LaBrie et al, 2005). Other findings show that men who hold strong beliefs that alcohol enhances sexual experiences are more likely to drink to cope with negative emotions (O'Hare, 2005), have more negative attitudes towards condoms (Gordon, Carey and Carey, 1997), and are less likely to identify inappropriate and coercive behaviour towards a female date (Gross et al, 2001).

Results from experimental studies suggest that the pharmacologic effects of cognitive impairment combined with expectancies about intoxicated sex work together to explain risky sex outcomes (Fromme, D'Amico, & Katz, 1999). These authors propose that alcohol impairs the person's ability to assess the negative consequences of unprotected sex, allowing preexisting outcome expectancies about the benefits of unprotected sex come to the fore, effecting a stronger influence on behaviour. Similarly, George and Stoner (2000) conclude in their review of the literature that expectancy models explain more of the variable outcomes than pharmacological explanations alone.

When expectancies and personality are considered together, both are found to have a role to play in determining behavioural outcomes related to sex and substance use (Cohen & Fromme, 2002). However, these factors may play different roles in relation to the two different behaviours, underlining the qualitatively different risk-taking nature of sex and substance use (Cohen & Fromme, 2002). Cohen and Fromme (2002) found that

positive outcome expectancies about the benefits of substance use had the strongest association with substance use, while social conformity was a significant personality trait related to risky sex. However, other individual level factors, such as safe sex self-efficacy and past behaviour, may have even stronger roles to play in determining behavioural outcomes (Cohen & Fromme, 2002). When examined longitudinally, past substance use combined with expectancies and personality to predict substance use, while past risky sex behaviour, safer sex self-efficacy, along with social conformity, all contributed to risky sex outcomes (Cohen & Fromme, 2002). Young adults who reported using cannabis had lower intentions to use condoms and lower HIV self-efficacy (Brodbeck, Matter, & Moggi, 2006).

While most research has investigated alcohol related expectancies, evidence suggests expectancies related to other drugs also play a role in determining risky sex behaviour. For example, in a sample of heterosexual methamphetamine users, the group theorized to be at greater risk for having unprotected sex was more likely to indicate stronger beliefs that condoms decreased pleasure and scored lower on self-efficacy for negotiating condom use in a sexual situation (Semple, Patterson & Grant, 2004). Research investigating the beliefs of ecstasy users about the effects of the drug found that those people who held stronger beliefs that ecstasy makes one want to touch someone in a sexual way were more likely to engage in risky sexual behaviours (Theall, Elifson, & Sterk, 2006). Moreover, certain drugs are believed to have aphrodisiacal properties and as such, are used in sexual contexts to enhance sex, as has been documented among men who have sex with men (Stall & Purcell, 2000). Drugs such as marijuana, methamphetamine, GHB, volatile nitrates (poppers) and cocaine have all been associated

with enhancement of sexual pleasure in anecdotal accounts provided by users of these drugs (Kaiser Foundation, 1999). These findings suggest that similar to alcohol, expectancies about different drugs may influence risky sexual behaviour for certain individuals in certain circumstances.

Research on the roles of cognitive impairment, personality traits and expectancies in risky sex outcomes show that a complex network of individual level variables can influence whether or not risky sex occurs when under the influence. Intoxicated sex involves two separate behaviours that are each differentially predicted by different combinations of personality traits, expectancies and other individual level factors (Cohen & Fromme, 2002; Fromme, D'Amico, & Katz, 1999; Katz, Fromme, &D'Amico, 2000). Moreover, cognitive impairment may work differentially on each of these factors (Fromme, D'Amico, & Katz, 1999).

On the other hand, some research has found neither expectancies nor alcohol impairment had any significant effect on sexual decision-making (Abbey, Saenz & Buck, 2005). Abbey, Saenz & Buck (2005) caution that while intoxicated participants were more likely to indicate they would engage in unprotected sex, causal mechanisms linking impairment from alcohol to changes in the brain's cognitive functions regarding safer sex behaviour and sexual decision making is still unknown. Instead, some research has found sexual arousal reported by participants was strongly associated with intentions to engage in unprotected sex, suggesting that sexual arousal is a powerful internal cue to engage in sex, while alcohol impairment leads one to minimize the risks of not using condoms (Abbey, Saenz & Buck, 2005; MacDonald et al, 2000b; Maisto et al, 2004). Research that investigates young men's motivations for condom use certainly supports the notion

that pleasure-related gratification takes precedence over cognitive reasoning (Bancroft et al, 2004; Norton et al, 2005).

Alcohol Myopia Theory (Steele & Josephs, 1990) provides one explanatory model to account for the variable effects of alcohol on individual behaviour (Fromme, D'Amico, & Katz, 1999; George & Stoner, 2000; MacDonald et al, 2000a; Maisto et al, 2004). Alcohol Myopia Theory (AMT) hypothesizes that alcohol impairs a person's perceptions and thoughts in such a way that the person cannot consider more distal risk factor cues while under the influence of alcohol. Instead, intoxicated individuals are more suggestible to proximal risk factor cues that are most obvious in the setting. Hence, a person experiences a kind of "myopia" where the most salient cues are the most influential, such as a partner's physical attractiveness, experiencing of sexual arousal, and availability of a sexual opportunity (Steele & Josephs, 1990). This theory emphasizes the importance of the 'drug', in this case alcohol, and 'setting' in terms of cues in the immediate physical environment.

3. Setting

Zinberg defines setting as "the influence of the physical and social setting within which the use [of drugs] occurs" (1984, p. 5). On this definition, setting refers to physical and the social factors that may influence behaviour. Within this broad category, research has been conducted on interpersonal, physical/social, and macro-level setting factors.

Interpersonal setting factors. Epidemiological research has identified a number of situational factors present at the micro level of the individual and the sexual dyad that are most likely to characterize events of intoxicated sex. Both parties were most likely

drinking or taking drugs before the sexual event (Cooper & Orcutt, 1997; Leigh, 2002; Leigh, 1990). Where one party consumed substances, and the other didn't, the likelihood of intercourse is highest when the consuming partner is male and sober participant is female, and, contrary to assumption, is highly likely to be consensual (Cooper & Orcutt, 1997). According to AMT (Steele & Joseph, 1990), impelling cues in the immediate environment may be made more salient as a result of alcohol intoxication. As noted, sexual arousal has been found to be a powerfully impelling cue to risky sexual behaviour, especially for men (Abbey, Saenz & Buck, 2005; MacDonald et al, 2000b; Maisto et al, 2004). Similarly, physical attractiveness of a partner is a significantly impelling cue for men, regardless of alcohol intake (Kruse & Fromme, 2005). In other experimental research, men reported that a woman seen drinking was considered a sexual cue: she was rated more sexually available, more willing to engage in sex, sexier, and showing more sexual initiative than a non-drinking woman (George & Stoner, 2000).

An intoxicated sexual event is most likely the first experience of sexual intercourse between those two people, or it is likely within the context of a casual, not committed, relationship, where the two people are not necessarily exclusive and/or have not been sexually involved for a long period of time (Bailey et al, 2006; Corbin & Fromme, 2002; Fortenberry, 1997; LaBrie et al, 2005; Leigh, 2002;). Sex in the context of a new or casual sexual partner is associated with feelings of ambivalence and is often unplanned (Leigh, 2002; Poulin & Graham, 2001; Tubman & Langer, 1995). Additionally, communication about safer sex is less likely to occur in an intoxicated event (Leigh, 2002). Intoxicated sex, then, may be a result of dating contexts where drinking or drug taking is part of the social setting in which people meet sexual partners,

and/or intoxication from substances helps mask social anxiety associated with becoming sexually intimate with someone before emotional intimacy is established (Leigh, 2002).

Regardless, research suggests that the way in which people perceive their relationship may have a greater impact on whether condoms are used or not than the substances consumed (Bailey et al, 2006; Corbin & Fromme, 2002; Fortenberry et al, 1997; LaBrie et al, 2005; Leigh, 2002). As a relationship develops, a person is more likely to perceive the relationship as monogamous and the sex partner is perceived as less risky (Corbin & Fromme, 2002) leading to a decrease in condom use. Alternatively, condom use may become more consistent in events of intoxicated sex between regular partners (Bailey et al, 2006; Fortenberry et al, 1997). For a person who is invested in the relationship, negative consequences of unprotected sex were found to be more salient and thus associated with more consistent condom use among those with regular partners (Bailey et al, 2006). However, the definition of monogamy for some young adults can be applied to relationships as little as 4 weeks long, suggesting that the definition of committed sexual relationships is much more subjective and may be a poor proxy for assessing the influence of the relationship context on risky behaviour (Corbin & Fromme, 2002).

Research with young adults and adolescents with substance use disorders found that most sexual events involving substance use were characterized by voluntary intake of high levels of alcohol by both partners, often concurrently with cannabis, were consensual and uncoerced, and occurred in the context of a known peer group (Tubman & Langer, 1995). The research concludes that the pathway by which social context affects risky sex and substance use behaviour is most likely an indirect one: young people

choose sex partners from peer groups characterized by poly-substance use and non-monogamous relationship (Tubman & Langer, 1995).

Physical and social setting factors. In addition to interpersonal dynamics, research on physical and social environments in which young people live, work and enjoy leisure time together reveals particular patterns of risky behaviours associated with socializing patterns. In a study with a sample of non-professional young workers, a cluster analysis revealed three main socializing patterns and associated risk behaviours. These three groups were labeled 1) party hards 2) party sometimes and 3) shoppers. The 'party hard' group was significantly more likely to take ecstasy, drink heavily, take other illicit drugs, have friends who were drinkers, be drunk during the last sexual encounter, and have more sexual partners in the past year than the other two groups. However, this group was also significantly more likely to use condoms than the 'party sometimes' group which was the least likely of the three groups to use condoms consistently (Lindsay, 2003). Additionally, the 'party hard' group were more likely to attend the gym regularly, while the 'party sometimes' group rarely, if ever, attended the gym (Lindsay, 2003). The 'party hards' were also the most educated, attended the widest variety of socializing venues, and attended them more often than the other groups (Lindsay, 2003).

In the case of 'club drugs' the entire category is based on the association between certain drugs and the social setting within which they are consumed rather than their pharmacological properties (Barrett et al, 2005; Degenhardt, 2005); and as these settings are also associated with risky sexual behaviour, so these drugs also become associated with risky sex (Moore & Valverde, 2000). In populations of gay men and men who have sex with men, for example, the use of drugs considered to enhance sexual pleasure, such

as Viagra and 'poppers', are highly correlated with attendance at circuit parties, bathhouses, and sex clubs (Colfax & Guzman, 2006; Kaiser Foundation, 1999; Paul et al, 2005). In perhaps curious contradiction to the notion of club drugs, young adult ecstasy users who used ecstacy at home or a friend's house, *not* in the context of a party, were also more likely to engage in risky sex practices in general (Theall, Elifson & Sterk, 2006). Young women interviewed about their participation in the underground dance scene described feeling safer and having fewer experiences of sexual harassment at underground dance parties than mainstream bars and clubs (Henderson, 1993; Hutton, 2004). These women ascribed the difference in part to the substances typically consumed in these settings: alcohol was seen to create a more aggressive and sexualized environment, while ecstasy was seen to moderate men's sexually aggressive behaviour (Henderson, 1993; Hutton, 2004). If sex did occur subsequent to taking drugs in these settings, women reported it was no more or less likely to be unprotected than sober sex, and was more likely to happen after the acute effects of the drug had worn off and the participants were home in bed waiting to fall asleep (Hutton, 2004).

Holiday and resort contexts are a significant setting as they are often associated with both vacationers and workers engaging in riskier sex and substance use behaviours than they would in a non-holiday environment (Burrows & Olsen, 1998; Elliott et al, 1998). Resort settings and events that cater to leisure activities for young people tend to draw young workers and vacationers (Burrows & Olsen, 1998). Young adults who took holidays at the Mediterranean resort, Ibiza, well known for its international nightclub culture, drank more, consumed more ecstasy, and were more likely to have sex with a new partner while on holiday than at home (Elliott et al, 1998). Moreover, compared to

other groups of vacationers, this group exhibited greater sexual risk taking behaviour overall (Elliott et al, 1998). Banff ski resort experienced some of the high rates of STIs in Canada in the late 1990s when rates for STIs were typically dropping (Burrows & Olsen, 1998). Similarly, research conducted on the impact of the 2000 Olympics in Sydney, Australia on the intakes at a sexual health clinic found that compared to the same time period a year before, there was an almost two-fold increase in STI diagnoses (29% vs. 16%) and that twice as many of the new patients that year had arrived in Australia that year (McNulty, Rohrsheim & Donovan, 2003).

Life transitions such as moving away to college or to a new city are also contextual factors that contribute to risky behaviour related to sex and substance use. Young women in their first year of college cited increases in sexual activity and substance use as a result of more personal freedom, lack of parental supervision, and opportunities to attend social settings that served alcohol (Farrow & Arnold, 2003). Moving to a resort town such as Banff had similar setting characteristics as a move to college: moving away from parental supervision for the first time, more access to drinking venues, communal living and availability of new sexual dating networks (Burrows & Olsen, 1998).

These studies indicate significant associations between particular social and environmental settings and risky behaviours. However, it remains unclear exactly how these settings influence behaviour. In that regard, it is important to examine the social mechanisms by which individual level behaviour interacts with broader social structures. In this way, we may gather a more holistic view of how young people negotiate choices

around sex and substance use within the social context that shapes their beliefs, perceptions and behaviours.

4. Beyond 'Setting': Contributions from Social Theory

Substance use has long been identified as a social act imbued with social meaning (Becker, 1953; Zinberg, 1984). Similarly, the social meanings of sexual behaviour in particularly in regards to power and gender, have been the focus of much research in the general area of sexual behaviour (Connell & Dowsett, 1999, Holland et al, 2004, Shoveller & Johnson, 2004). As noted in the critique of the epidemiological literature provided at the end of Chapter 1, these systems of social meaning have not been systematically documented in relation to the intersection of sex and substance use. Gender and sexual orientation are significant variables, and yet how these factors actually affect behaviours related to intoxicated sex are not well understood. Social theorists direct our attention toward the interaction between such social level structures and individuals. Williams (2003), for example, proposes that such behaviour be examined in terms of the interplay between structure, context and agency.

Zinberg theorized that the three determinants drug, set and setting governed substance use behaviour through mechanisms such as social rules and codes of conduct. For example, some users found their drug use acceptable within a wide variety of settings, such as professionals who smoked cannabis at a party with other people who may not participate in cannabis smoking. Other users, in particular the controlled heroin users, had to hide their use and struggled to find social contexts that were not associated with compulsive users, an identity they rejected. Social theorists can take Zinberg's model one step further. While the tripartite model of drug, set, and setting provides a

useful model to investigate aspects of setting, social theories provide a number of concepts that shed light on sociological and anthropological factors related to this phenomenon. Three concepts discussed by social theorists can be used to enhance our understanding of intoxicated sex: (1) normalization of substance use, (2) risk and pleasure, and (3) masculinity. Each of these concepts will form the basis of the empirical study for this thesis.

Normalization of substance use: A dramatic increase in recreational drug use over the last decade has been observed and attributed to the normalization of drug use in youth cultures (Degenhardt, Copeland & Dillon, 2005; Duff, 2003b; Lindsay, 2005; Parker, Williams, & Aldridge, 2002; Riley et al, 2001). Cannabis use in particular and to a lesser degree, club drugs, have shown strong evidence of normalization, as indicated by increased prevalence and social accommodation in youth cultures worldwide (Degenhardt, Copeland & Dillon, 2005; Parker, 2005; Parker, Williams, & Aldridge, 2002). In addition, it is increasingly recognized that young people use more than one substance at a time and that distinct patterns of poly-substance use can be markers for particular sub-groups (Degenhardt, Copeland & Dillon, 2005; Gross et al, 2002; Riley et al, 2001). While such normalization has not been as well described in Canada as it has in Australia and Britain, Canadian rates of illicit drug use have increased significantly from 1994 to 2004 (Adlaf, Begin, & Sawaka, 2004). The percentage of Canadians reporting use of at least one illicit drug in the past year almost doubled from 7.6% to 14.4% during that time (Adlaf, Begin, & Sawaka, 2004). Canadians who are male, between 18 and 30, and who live in BC report significantly higher rates of cannabis use than other Canadians (Adlaf, Begin, & Sawaka, 2004).

As recreational drug use becomes increasingly normalized in youth culture, the ways in which young people construe the meaning of drug-taking changes (Duff, 2003b). Substance use has been associated with identity formation within a consumerist culture (Duff, 2003b). Consumption of drugs is a way that young people identify socially, just as they identify with certain brands of clothes or sporting goods (Duff, 2003b). As such, substance use, and use of particular substances, becomes a social marker of one's lifestyle. In this way, the meaning of a substance becomes more than the experience of the pharmacological effects of intoxication: alcohol and other drug use takes on the socially and culturally organized meanings of drugs shared among groups of people (Rhodes, 1996; Moore, 2004). 'Social pharmacology' (Rhodes, 1996) is a term used to describe the socio-cultural meanings of drug use. How young people understand different substances in relation to sexual behaviour, and the extent to which these understandings are shared, provide insight into social meanings of risk taking in relation to intoxicated sex (Rhodes, 1996). For example, the drug GHB has been labeled as a "date-rape drug". This particular meaning renders voluntary use of the drug by young women as a sign of willingness to risk sexual assault, not as a recreational drug choice (Moore & Valverde, 2000). On the other hand, social meanings around the use of cannabis have changed from that a drug associated with deviance to one that contains medicinal properties for cancer patients, and whose recreational use is increasingly compared to that of social drinking (Duff, 2003a). On this view, people who smoked cannabis in the 1950's were undertaking a different set of risks than an individual today (Duff, 2003a ; Zinberg, 1994). Similarly, a young person who considers whether or not to voluntarily ingest GHB will be weighing the risks of sexual assault, despite the greater

likelihood of sexual assault under the influence of alcohol, simply by virtue of the way this drug has been socially construed.

Normalization is closely related to a "work hard – play hard" social ethic common among young workers (Lindsay, 2005; Parker & Williams, 2003; Parker, 2005). Among a cohort of employed, educated young people in Northwest England, for example participants cited a "work hard – play hard" ethic as motivation for engaging in heavy drinking and recreational drug use on the weekends (Parker & Williams, 2003). Similarly, among groups of recreational heavy drug users, the ability to manage work, time and financial budgeting effectively was found to be related to cultures of hedonism and consumerism, where individuals described the ways in which they maintained a balance between recreational drug use and commitments such as work (South, 2004). In resort-based contexts that young people frequent as tourists, the opportunity to experiment with drugs, without the constraints of work schedules, and the network of other drug users may be contributing factors to greater drug use and initiation into use of new drugs (Bellis, et al, 2003). In Banff, high rates of STIs were believed to be connected to the high number of young people who come to live and work throughout the year and the "party atmosphere" that is associated with the young workers (Burrows & Olsen, 1998). Occupations characterized by normalized alcohol use have been found to contribute to a greater incidence of problematic drinking (MacDonald, Wells, & Wild, 1999). Specifically, availability of alcohol and a culture of social drinking among coworkers were most significant in explaining problem drinking among different categories of occupational workers (MacDonald, Wells, & Wild, 1999). Certainly these dimensions of drinking subcultures are common among young workers in resort towns,

where the majority of social life is structured around partying (Burrows & Olsen, 1998; Hennink, Cooper & Diamond, 2000).

Risk and pleasure. From a public health perspective, sex and substance using behaviours are often characterized *a priori* as risky, and their prevalence in society is seen as markers of "risk culture" (Rhodes & Stimson, 1994; Rhodes, 1997). Young people in particular are considered to be both drivers of and emblematic of risk culture (Duff, 2003a ; France, 2000, Mitchell et al, 2001; Shoveller & Johnson, 2006). While epidemiological research implicitly views risk taking in relation to sex and substance use as 'deviant' at the individual level (Peretti-Watel & Moatti, 2006), social theorists point the role of broader social and cultural influences in problematizing the very notion of 'risk' and highlighting how pleasure is a missing dimension of most health research on these risk behaviours (Lindsay, 2005; Lupton, 1999; Lupton 1995; Lupton & Tulloch, 2002).

Risk-taking has traditionally been seen as a developmental norm for youth (France, 2000). However, social theorists point out that youth culture is no longer solely conceptualized in those terms. Instead, risk-taking is influenced differentially across social groups by such factors as globalization, consumerism, technology and social inequalities (France, 2000; Lindsay, 2005; Mitchell et al, 2001; Wyn & White, 1997). Risk taking for some is embraced as an expression of identity, such as extreme sports enthusiasts and recreational drug users (Larkin & Griffiths, 2004; Mitchell et al, 2001). How young people negotiate these kinds of risks exposes the social aspects of acceptable or sensible risk-taking: rather than simply taking unheeded risks, young people draw on social meanings of risk and pleasure to explain why they do what they do (Larkin &

Griffiths, 2004; Mitchell et al, 2001). Indeed, it is the precisely "transgressive allure" (Larkin & Griffiths, 2004, p. 230) attached to these activities that may draw young people to engage in such risk-taking in the first place (Klein, 1994).

Lupton uses the concept of "edgework" to describe how for some people challenging culturally acceptable norms is a way to escape everyday routines. She argues that edgework, typically characterized by a tension between danger and control of that danger through physical and mental skill, is a response to the overly regulated body implicit in contemporary paternalistic health discourses and public health campaigns (Lupton, 1999). On this view, some young people actively search for ways to transgress these accepted ways of being and in doing so, create new social meanings of risk-taking: for example, a life lived to the fullest (Lupton & Tulloch, 2002; Lupton, 1999). Understanding how young people conceptualize risk within the social worlds they live reveals a more human drive to pleasure and personal growth through experiences that challenge the safe and the ordinary routines of daily life.

Problematizing the epidemiological notion of risk in this way points to a more complex relationship between the individual and his or her social surroundings than has been provided in the literature on intoxicated sex to date. Theories of risk and pleasure emphasize the interplay between personal agency, social structures and local contexts (Lupton, 1999; Williams, 2003). Individuals are not simply compelled to behave in certain ways as determined by social and physical environments, but make choices based on their understanding of risk in these contexts. These understandings are socially organized and therefore may provide insight into the recursive relationship between social determinants and individual behaviour.

Masculinity. Social theorists also direct our attention to the idea that risk taking is a highly gendered behaviour, where the social performance of masculinity is based primarily on risk taking behaviours such as extreme sports, drug taking and sexual conquests (Connell, 2005; Kimmel, 1990; Mitchell et al, 2001). In contrast, the performance of femininity is associated with risk aversion (Allen, 2003; Connell & Messerschmidt, 2005). While evidence suggests that some young women are engaging in similar risk-taking behaviours as men (Lindsay, 2005; Lupton, 1999), risk taking – namely, heavy drinking, use of illicit drugs, casual sex, and extreme sports – is still primarily a demonstration of masculine power in terms of fearlessness, sexual prowess and heroics (Connell, 2005, Holland et al, 2004; Lupton, 1999).

A gender lens is central to our understanding of risk (Connell, 1995; Connell & Messerschmidt, 2005; Holland et al, 2004; Lupton, 1999; Rhodes & Stimson, 1994;). Sexual risk-taking among men is part and parcel of gender performance (Connell, 1995; Holland et al, 2004). Increasingly, there is a call to understand the role of young men in sexual risk taking beyond the character of the sexual predator and the adolescent at the mercy of his hormones (Connell & Messerschmidt, 2005; Flood, 2003; Kimmel, 1990). As the mono-dimensional victim identity of young women has been questioned and problematized, the risk taking practices and identity of young men needs to be similarly questioned. Dissatisfied with simplistic stereotypes of heterosexual dynamics, Holland and colleagues (2004) conducted an extensive qualitative study to investigate sexual practices from the perspective of young women and men. The findings from this research uncovered a complex set of responses that indicated risk-taking was more than a leave of rational decision-making, but logical attempts to negotiate a social world fraught with

tensions and in some cases, violence. However, despite the detail and rigour of this study in terms of providing insight into young women's negotiation of risk taking, the study with young men was less enlightening. The findings support what we know about the effect of social context on young men's sexual risk-taking: they are pressured by the demands of hegemonic masculinity to perform these behaviours, and they are privileged by maleness to avoid considering the consequences of their behaviour and impact on their female sexual partners (Holland et al, 2004). But one is still left wondering how young men experience these sexual negotiations with women and what meaning they make of risk-taking beyond the dominant story of masculinity.

Newer concepts of masculinity theory question a singular categorical definition of hegemonic masculinity. Instead, new masculinity theories ask us to consider a "plurality of masculinities" (Connell & Messerschmit, 2005, p. 832). Rather than striving to fit one hegemonic ideal, young men respond to, adapt and/or reject hegemonic masculinity as a situation requires (Connell & Messerschmidt, 2005). Indeed, as theory is developing, the culture surrounding masculinity is changing in such a way that 'new' masculinities are not well categorized, particularly at the local level (Connell & Messerschmidt, 2005). Further, social practices of masculinity rely on those of femininity (Connell & Messerschmidt, 2005). Masculinity has been defined as "configurations of practice that are accomplished in social action and, therefore, can differ according to the gender relations in a particular social setting" (p. 836). From this perspective, the story of masculine risk taking is made more complex and raises more questions. Young men do not mechanistically act out dominant scripts. On this view, young men have agency in relation to hegemonic masculinity and in relation to their female sexual partners and their

practices of femininity. Yet we do not well understand what choices young men make about sex and substance use, to what degree they sense their own agency and how they interpret risk taking as an act of masculinity within a culture of normalized recreational drug use:

> The risk-taking behaviours of young men need to be understood in relation to shifting constructions of masculinity (e.g. metrosexuals), changing norms related to sexual behaviours, [and] increased availability of illicit drugs…
>
> (Oliffe, 2006, 107).

Literature investigating men's health and help-seeking has focused largely on white middle class men who ascribe to 'traditional' masculine ideals of stoicism, invulnerability and rely on physicality to earn a living and support family (Galdas, Cheater & Marshall, 2005). Clearly, masculinities have been shown to affect how and when some men access health care (Blank et al, 2007; Courtenay, 2000; Galdas, Cheater & Marshall, 2005; Oliffe & Phillips, 2008). Different populations of men reveal diversities of masculine identities organized around structural and social factors, including age, education, and economic livelihood. However, such variations in masculinities have not been well described in the literature (Galdas, Cheater & Marshall, 2005). Identifying different configurations of masculine practices holds opportunities to encourage men's healthy choices.

Summary

Substance use prior to sex has been connected to poor sexual health outcomes such as sexually transmitted infections, HIV/AIDS and sexual violence. Alcohol and other drugs are commonly assumed to 'disinhibit' sexual behaviour, leading to more sexual risk-taking that consequently, increased risk for infectious disease transmission and sexual violence. As such, the nature of how substance use leads to risky sex has been

a focus of much epidemiological research. However, as the literature reviewed earlier indicates, the causal mechanisms linking substance use and risky sex are more complex than a simple disinhibition account suggests. Sex under the influence is variably associated with gender, substance use patterns, type of sexual partner, number of lifetime partners, and condom use. Different theories have been investigated to explain this variability. A combination of the effects of drug itself, personality traits, and expectancies about substances and sex, appear to play a role in determining the behaviours related to intoxicated sex. In addition, contextual factors such as nature of the sexual relationship, and work-leisure environments are increasingly recognized as important determinants.

Critiques of epidemiological approaches call for greater attention to be paid to the role of social context in understanding this phenomenon. These critiques argue that investigation must move beyond individual level explanations and explore the social nature of this behaviour. By exploring the social context in which these behaviours occur, the reasons why individuals act in certain ways at certain times, in certain places may be more clearly understood.

Sex and substance use are not just individual behaviours but also social practices with social meanings. Both behaviours are significantly related to gender and yet how gender actually influences these practices is poorly understood. Research that has investigated the effect of gender on sexual behaviour has tended to focus on young women's experiences of heterosexual dynamics of power. Consequently, little is understood about the ways in which young men make sense of heterosexual practices. Moreover, while substance use has typically been understood to be an archetypical risk-taking practice of masculinity, the nexus between substance use, sex and gender is not

well described. Finally, most research in this area focuses on addictive and problematic drug use rather than normalized recreational substance use and its connection to sex. Arguably, recreational substance use and sex is most common in the general population of young people. To better address the negative outcomes associated with intoxicated sex, it is therefore necessary to investigate the phenomena of intoxicated sex from the perspective of young men in the context of normalized recreational substance use.

5. Research Objectives

Stepping back from the need to determine the causal link between substance use and risky sex, the overall objective of the research reported in this thesis is to gain a better understanding of the experience of intoxicated sex from the perspective of young men. The purpose of this study is therefore to describe young men's experiences of the social context surrounding intoxicated sex and describe the ways in which a culture of normalized drug use, the pursuit of pleasure, and masculinity interact to structure choices young men make about these risk taking behaviours.

CHAPTER 3: METHODS

1. Overview

A purposive sample of young men between the ages of 19 and 31 years currently living and working in Whistler, BC were recruited to participate in a study on intoxicated sexual behaviour. Young men interested in the study completed a screening survey to determine their eligibility. Of 33 survey respondents, a total of 16 eligible participants completed an in-person interview with the researcher that involved answering general questions about Whistler and its subcultures, and relating personal experiences of sex under the influence of drugs or alcohol. The interviews produced two types of data (1) descriptive data about the social context of Whistler, and (2) narratives of intoxicated sex. Field notes taken by the researcher supplemented the interview data with details of the 'setting' in which the stories of these young men took place. Each data set was analysed and compared to contexualize and enrich the study findings.

2. Methodological Approach

The overall goal of this study was to describe young men's experiences of sex while under the influence of alcohol and other drugs. Both descriptive information about Whistler (social knowledge data) and narrative information (narrative data) about episodes of intoxicated sex were elicited, underpinned by the premise that both types of data could answer the overarching research question: what is the relationship between masculinities and men's sexual practices while under the influence of substances, within the social context of Whistler? An inductive approach was used in the study, i.e., no expectations were made *a priori* with respect to either descriptive attributes of Whistler and its subcultures, or about the types of narratives that depicted men's intoxicated sex.

Instead, the goal was to elicit a variety of descriptions of Whistler and narrative accounts in order to ascertain similarities and differences among them. The semi-structured individual interviews were designed so that general descriptive information about Whistler was obtained prior to asking about specific episodes of intoxicated sex. This approach enhanced rapport and contextualized the narratives provided by participants.

With respect to the narrative data obtained in the interviews, Elliott (2005) describes three features of narratives that make this methodology particularly useful for exploring social context and its relationship to behaviour. First, narratives describe temporal relations among people, places, and events; and as such, can provide insights into how people understand and construe causes and effects for a phenomenon of interest (Elliot, 2005). In the present case, narrative accounts of intoxicated sex were useful for understanding how young males construe causal effects of particular drugs in relation to sexuality. Second, stories are a way that people make meaning of their lives (Elliot, 2005; Bruner, 1986). In the telling of a story, people choose to emphasize salient details and provide insight into how events are interpreted (Elliott, 2005). For example, narrative accounts of intoxicated sex offer insights to how young men value certain types of outcomes in relation to masculinity. Third, the telling of a story is a social event (Elliott, 2005; Riessman, 1993). The way in which a story is told by a narrator to a listener will differ according to social contexts, thereby reflecting underlying social structures at play. In this study, the sex of the researcher was identified as female and the participants, male. Within the gendered dynamics of the interview, the act of telling intoxicated sex stories itself provided information about the variety of masculinities upon which young men draw in different social contexts. Some may argue that young men may

not be as 'honest' with a woman about their sexual experiences, however, according to gender research, any telling of a story by a male to either a male or a female will be a gendered performance (Coates, 2003; Jarviluoma, Moisala, & Vilkko, 2003). Rather than detracting from the truthfulness of the story, these gendered performances add to our understanding of how gender is enacted in social situations (Coates, 2003; Jarviluoma, Moisala, & Vilkko, 2003; Oliffe, J.L., in press). Through these three aspects of narrative -- temporality, meaning, and social interaction -- stories can be used to access the ways in which social context influences, and is influenced by, individuals (Elliott, 2005).

3. Methods

Rationale for study location. Whistler was chosen as the location for this study because it is a unique social setting that includes a large population of young men typically drawn from Canada and other countries for "working holidays", has opportunities for casual sexual experiences, and is known for its culture of recreational substance use (Mangham, 2004; Clarkson, 1998; Resort Municipality of Whistler, 2005; G. McDonnell, personal communication, October 10, 2006). Every winter season, an average of 4500 seasonal workers add to the permanent population of 9100 (Resort Municipality of Whistler, 2005) to work in the service industry, in the construction industry, for the mountain resort as lift operators, ski patrols, and instructors, and as athletes sponsored by ski and snowboard companies. A significant portion of the population is male, between the ages of 19 and 30, and most are single (Statistics Canada, 2002). As a resort based economy, Whistler has numerous bars and nightclubs to cater to those on holiday. Socializing for both tourists and seasonal workers primarily occurs in these establishments (G. McDonnell, personal communication, October 10, 2006). Like

other winter resorts (Burrows & Olsen, 1995), Whistler has the attending problems that come with the context of a youthful transient population and party reputation: the "availability of alcohol and soft drugs, and the large population of young transient workers can contribute to a high incidence of sexually transmitted diseases" (Resort Municipality of Whistler, 2005). While statistics on STIs were not available for Whistler specifically, a sexual health clinic was opened in 1995 in Whistler village to address the high rates of sexually transmitted infections (Clarkson, 1998). A needs assessment conducted in 2004 with young adults in Whistler revealed that 55% of respondents (n=384) reported at least one instance of unprotected sex in the past year, with a significant portion of respondents (20%) reporting 5 or more events of unprotected sex.

Young adults residing in Whistler also report heavy substance use of alcohol and cannabis (Mangham, 2004). Most participants reported drinking 5 or more drinks on one occasion and 78% drank at least once a week. More than one in three participants reported using cannabis at least weekly and 15% reported daily use. Use of cannabis and alcohol frequently occurred prior to participating in sports and driving a vehicle. Thirty percent also reported using cocaine in the past year and 40% reported using ecstasy. These statistics reveal higher substance use than general population rates (Mangham, 2004). Moreover, this needs assessment recognized that these high rates of unprotected sex and substance use are a part of the party atmosphere and social setting of Whistler. Given the presence of these factors, Whistler was an appropriate location in which to investigate these risky behaviours.

Information/consent and screening procedure. Potential participants were directed to the study website (see Appendix C) to obtain information about the study

and/or contact the researcher directly by telephone or email. Potential participants who chose to contact the researcher directly were given a modified version of the study information and consent procedures that were administered verbally or on paper by the researcher (see Appendix D).

Individuals interested in participating in the study were screened to determine eligibility for the study. Individuals who accessed the study information on the website were led through a series of web pages that prompted the person to indicate informed consent before it allowed them to proceed with the screening survey (see Appendix C). In lieu of online access, some participants (n = 2) completed the survey over the phone with the researcher who recorded information on a printed copy of the web pages. Other participants (n = 3) completed a paper version of the survey in person that was handed directly to the researcher. It was made clear to individuals who participated in the survey that they may or may not be contacted for an interview (see Appendix D).

Screening items. A total of 28 items were used to screen participants to determine eligibility for the interview portion of the study (see Appendix C). Eight (8) items assessed demographics (age, living in Whistler, work status, type of employment, income, student status, relationship status, citizenship); 3 questions assessed typical alcohol consumption and frequency in the past month; 21 items assessed other drug use in the past year; 1 item assessed whether participants previously sought help for drinking and/or drug problems; and 5 items assessed past-month sexual activity, including frequency of intoxicated sex since living in Whistler.

Interview inclusion and exclusion criteria. To be included in the interview portion of the study, participants needed to identify as male, heterosexual, be between the

ages of 19-25, live and work in Whistler, be a recreational drug user[3], and have had at least one experience of sex under the influence of drugs and/or alcohol with a female sexual partner since living in Whistler. Individuals were required to provide consent to participate in the study and to be able to read and write in English. Those who self-disclosed a problem with substance abuse or are in treatment, those who were not currently employed at least part-time, those who were not working in Whistler or did not live in Whistler were excluded from the study. Of the 33 young men who responded to the survey, 17 were excluded from the interview process. Five were not willing to be interviewed; 4 had not had sex under the influence since living in Whistler, 3 did not meet criteria for recreational drug use, and 5 could not be reached by the researcher. Participants who were ineligible were informed using a standardized protocol (see Appendix E). Two participants who exceeded the age of 25 were included in the study to further ensure diversity of perspectives.

Purposive sampling from the eligible participant pool. To obtain a sample with the greatest variety of experiences of sex under the influence of substances, young men were chosen for the study based variety of the following factors: (1) length of stay in Whistler, (2) citizenship, (3) type of work, and (4) experiences with different substances. First, participants who have lived in Whistler for several seasons are likely to have different experiences compared to those who may have just moved to Whistler for the current season. To collect data on the widest range of these experiences, the sample aimed to include the widest variety of length of stay in Whistler. Second, participants were recruited to ensure Canadian and other nationalities were represented and to

[3] Recreational drug use was defined as follows: using cannabis 10 or more times in the previous 12 months *and* using at least one other illicit drug 3 or more times in the previous 12 months.

document possible cultural differences that may affect data analyses. Third, type of work was a useful marker for determining different social networks, status and income level that may have influenced access to substances, opportunities to engage in the social scene and to meet sexual partners. Recruiting participants from a variety of workplaces ensured a variety of different social groups that may reflect different experiences in relation to sex and substance use. Types of work included those typical to a resort town including service industry, outdoor sports and mountain resort work, and construction work. Finally, because the focus of this study was on recreational use of drugs and alcohol, it was important to gather data on the substance use patterns of potential interview participants. One study aim was to gather general information on recreationally used substances rather than the effects of one particular substance. Participants who indicated recreational use of alcohol, cannabis, cocaine and 'club drugs' such as ecstasy and methamphetamine were specifically chosen for interviews.

Interview procedures. Participants who were interested and eligible for the interview component of the study were contacted by telephone, invited to participate and a mutually convenient time and place was arranged for an interview (see Appendix F). All participants were emailed an information sheet ahead of the scheduled interview as a reminder about the study and their right to discontinue at any point. Interviews were conducted in a comfortable, private space with minimal background noise in a public location. Most interviews were completed in the housing manager's office at Staff Housing, one interview was completed in a private office at the Health Clinic, and two interviews were conducted in the researcher's car in public parking lots. For safety purposes, the researcher carried a cell phone and had a safety plan with designated

employees at Staff Housing and the Health Clinic. For interviews conducted in her car, the researcher checked in with a friend who lives locally before and after the interview as well as parked the car in well trafficked public parking areas. A consent form was given to the participant at the beginning of the interview (see Appendix G) and was reviewed with the participant to ensure informed consent before proceeding with the interview. Interviews were digitally recorded with the participant's consent.

The interviews were designed to a) gather descriptive information on how young men explained the connection between substance use and sex within the particular setting of an international resort community, and b) elicit detailed narrative information depicting episodes of intoxicated sex that had occurred since the participant had lived in Whistler. To maximize rapport, the interview was structured in two parts, moving from general descriptive questions to more personal narrative questions. The first part of the interview gathered data about social contextual factors related to gender, local setting and risk and pleasure. A 'warm up' question gathered general information from the participant about how long they have lived in Whistler and what attracted them to living and working here. The remainder of this section included questions designed to elicit opinions and observations about masculinities, drug culture, sexual risk-taking, gender relations within the local context. The second part of the interview elicited a narrative of a personal experience of sex under the influence. Participants were asked to recall an event of sex under the influence of drugs and/or alcohol since being in Whistler. Participants were prompted to provide details of this narrative to describe setting, characters involved, actions, outcomes and meaning (see Appendix H). At the end of the

interview, participants were asked if they would be willing to be contacted for a follow up interview to confirm or clarify any of their stories (see Appendix H and Appendix J).

Skill of the researcher to elicit information and to handle sensitive topics is important for the collection of reliable data (Silverman, 2005) and to protect the safety and wellbeing of the participant. The researcher drew on her knowledge, skills of working in the sexual health field and 10 years of counseling experience to elicit information in a sensitive manner and gauge the emotional safety of participants. Had any participant felt emotionally triggered by the interview discussions, as evidenced by emotional distress, disclosures of substance abuse or criminal definitions of sexual assault, or uncertainty about where to get help, the researcher would have referred the participant to local resources such as the RCMP Victims Services worker, the community outreach worker from Whistler Community Services, or the drug and alcohol worker for Whistler/Pemberton. A handout with these local resources was given to each participant at the end of the interview (see Appendix I).

Field notes. The researcher kept a journal of field notes for the duration of the study to capture impressions about the 'setting' of Whistler. The focus of these field notes was to record and describe characteristics of the physical environment and symbolic representations that provided insight into the meaning of the 'setting' of Whistler and its relationship to sex and substance use for young men. The researcher visited publicly accessible locations that young men referred to in their interviews and kept notes about her impressions of these locations as well as general impressions of the community. In addition, field notes were be kept after each interview to detail impressions of the researcher about ways in which the participant presented himself, and

interacted with the researcher as a way to document the ways that gender performance may have affected the telling of the story (Elliott, 2005; Jarviluoma, Moisala, & Vilkko, 2003; Oliffe, J.L, In Press). Field notes were recorded by hand in a notebook, dated and transcribed promptly throughout the study. These data were then used to triangulate and enrich the data gathered from the interview study.

4. Overview of Data Analyses

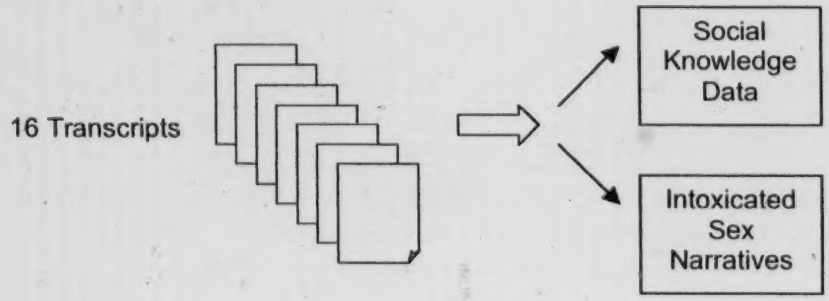
Analyses of the data proceeded in several stages. As the process was complex and iterative, diagrams are included to schematically illustrate the process (refer to *figures 1, 2* and *3*). The following sections describe the three main stages of the analysis process: (1) data organization, (2) thematic analysis of descriptive social knowledge data on Whistler and its subcultures and (3) narrative analysis of intoxicated sex stories.

Stage 1: Data Organization. The transcribed interviews were read and reread several times. Unclear passages were revisited on the digital recording to correct transcription errors and uncertainties. Comments were noted in the margins of the hard copy transcripts to mark initial insights and impressions. Each participant's transcript was assigned a pseudonym to maintain confidentiality and for ease of reference and retrieval. Electronic documents were then imported from "Word" into "Excel" and line numbers were assigned to paragraphs. All data were managed through a combination of the electronic and hard copy versions to facilitate analysis.

Each transcript was then divided to identify two types of data; (1) social knowledge data (i.e., descriptive information given on Whistler and the theoretical areas of investigation) and (2) narratives of intoxicated sex (i.e., stories describing episodes of

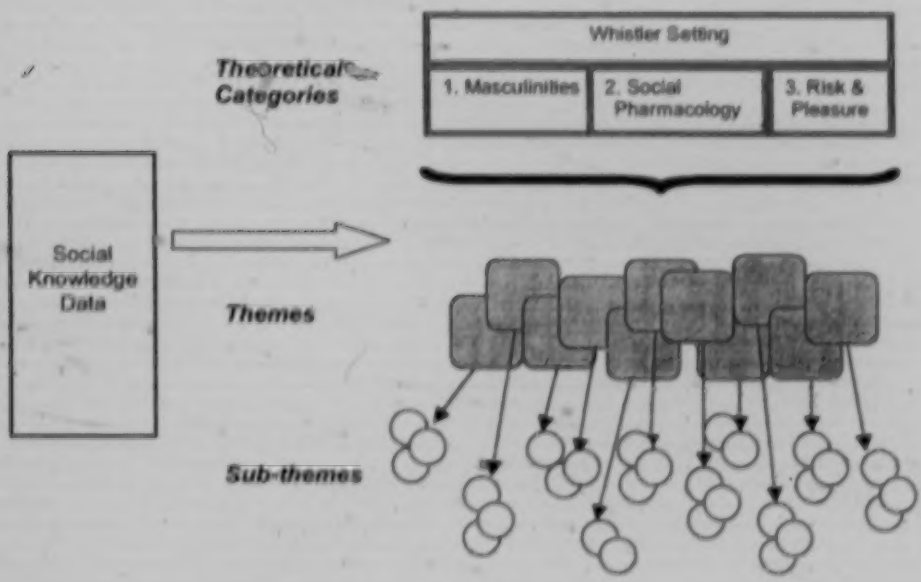
intoxicated sex). Each type of data was then analysed with distinctly different analytic approaches.

Figure 1: Data rendering diagram



Stage 2: Thematic Analysis of Social Knowledge Data. Once the social knowledge (SK) data from each transcript was rendered from the raw interview material, data were sorted into themes suggested from the theoretical categories of inquiry and generated from the transcripts themselves. This process yielded 11 themes. These themes and their definitions are summarized in Chapter 5, *Table 4*. Data within each theme was then analysed to identify sub-themes across the interviews. (See *figure 2*).

Figure 2: Thematic analysis diagram



Stage 3: Narrative Analysis. From the narrative data, the 16 transcripts yielded 35 narratives of intoxicated sex. Narratives were identified as stories told in response to the interview question, "tell me about a time when…". The stories were usually distinct narratives with a clear beginning and ending, and therefore easy to abstract from the rest of the data. Some participants had difficulty telling narratives and were prompted to give more general accounts that summarized "typical" events based on real experiences.

Each story was given a number, prefaced by the letter "N" (e.g. N05) and a title to capture the central essence of the story (e.g., "Sure Thing"). Table 1 lists the stories by participant. In all but one case (Luke, N01), the story title was generated using a direct quote from the narrative. Throughout this document, stories are referenced with the participant's pseudonym, followed by the story's number code and, for specific quotes, transcript line numbers will be noted (e.g., Vince, N27, line 254).

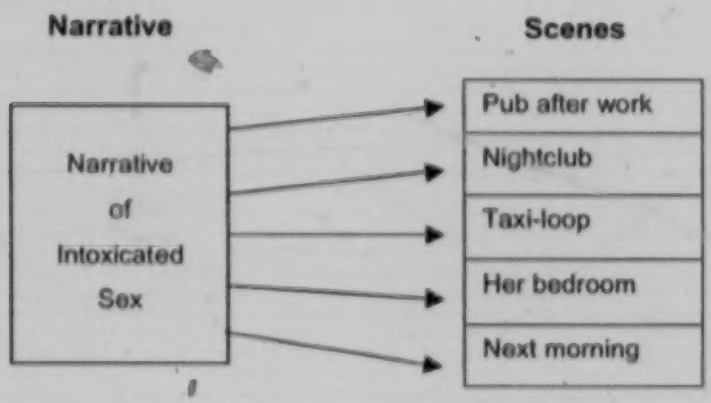
Table 1: List of Stories by Participant

Participant Pseudonym	Narrative # Code	Title
Luke	N01	Ecstasy: a love story
Brad	N02	I can't really remember what she looked like
Darren	N03	Some guys have $300 lying around
Alan	N04	Spin the Bottle
Jake	N05	Sure thing
	N06	Without putting too fine a point on it, she jumped me
Dave	N07	"Right back babe, after I puke"
	N08	Gotta be good. Can't lose this one
Patrick	N09	With the gay parties, there's always drugs at them
	N10	Vancouver Pride
	N11	Older men, they kind of prey on you
	N12	Good nights/ bad nights
Johnny	N13	Had to redeem myself in the morning
	N14	You kinda lower your standards
Brian	N15	Oh fuck, what have I done?
	N16	She's a dangerous drunk
	N17	We tend to do more stuff
Dillon	N18	A 10 out of 10 night
	N19	Same drug, different buzz
Eric	N20	Romantic night with my girlfriend
	N21	I last longer but get kinda bored
	N22	Oh why not?
Marty	N23	Three girls and 7 grams of coke
	N24	Bootycall
	N25	She liked me and I liked her sister
Vince	N26	Recently girls are just starting to pick me up
	N27	I saw her later on the hill and she was horrible
James	N28	You've got game
	N29	I honestly couldn't get my pants down
Will	N30	I'm just too sensible and boring to go put myself all over town
	N31	We decided to go the other route
Justin	N32	I don't remember fuck all but I had fun
	N33	The spirit was willing but the flesh was nowhere near
	N34	Whoa she looked prettier last night
	N35	I look for a glint in the eye

The 35 stories were analyzed in two ways: scene analysis and genre analysis. Each analysis (i.e., scenes, genre) supported and informed the other and were conducted simultaneously throughout the analyses of the narrative data.

Scene analysis. Each narrative of intoxicated sex was first divided into "scenes" to provide a more detailed characterization of setting of each story (see *figure 3*). A scene was defined by a specific location and time. For example, in "Ecstasy: a love story" (Luke, N01) had clearly defined locations that started with drinking at a "bar," then proceeding by "cab" to an "outdoor party south of Whistler", which included a scene at the "river bank." Time was also an important marker of scenes. Many stories included references to "before moving to Whistler" (i.e. Will, N30) or "the next morning" (i.e. Brad, N02). While some stories were told in chronological order of events, others were not, usually for dramatic effect. All stories were put into chronological order for comparison purposes.

Figure 3: Scene analysis diagram



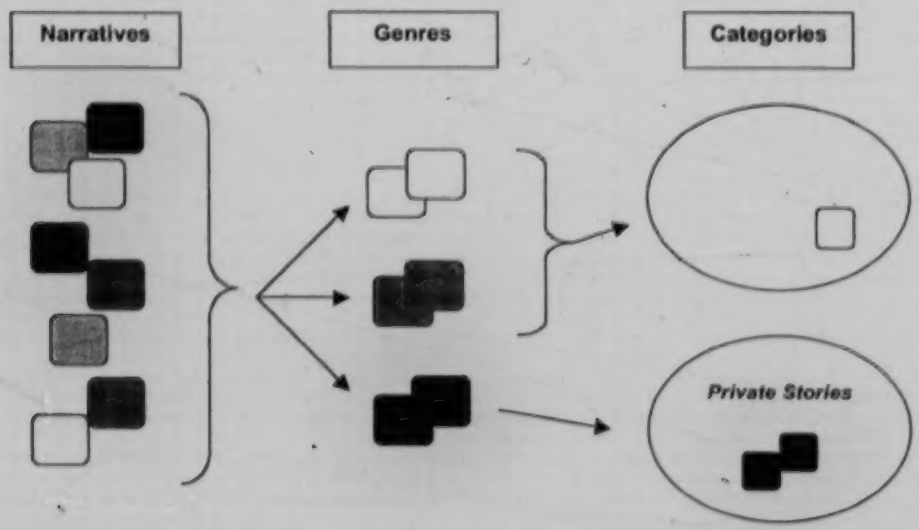
Once ordered, tally of all the scenes across all stories was recorded and analysed by setting. A series of setting categories were established to determine the degree of similarity of settings across stories.

The scenes analysis also provided the basis on which the genre and structural analysis was conducted. Scenes illuminated those passages that contained the participant's evaluation of the story, highlighted the actions across the event, and helped identify the different characters. Isolating these different aspects of the narratives helped break them down into useful components to compare across transcripts.

Genre analysis. Stories, treated as whole units, were contrasted and compared based on the structural component of narrative action, or plot, used by Elliott (2005). For example, narratives sharing similar actions and plot structure were grouped together (see *figure 4*). These groups, referred to here as genres, were then titled on the basis of shared story elements and to reflect the ways in which young men themselves would identify these kinds of stories. These genres were then each compared to one another. Over a period of time of analysis and reassessment, a pattern emerged which showed stories falling into two broad categories related to the performative nature of narratives: public stories and private stories. Stories that were structured and told in such a way to provide entertainment and humour were categorized as public. Stories that conveyed a sense of confessional or contravened social acceptance in some way were categorized as private. Most stories contained both private and public aspects, however, the dominant intent of the story was the deciding factor in categorization. Some stories fell in the middle between public and private and are discussed accordingly within these two categories.

Findings from these analyses of the social knowledge (SK) data and the narrative data will be discussed in detail in Chapters 5 and 6 respectively.

Figure 4: Genre analysis



5. Role of the Researcher

As a feminist, I have necessarily approached this research with a gender-based lens. My feminist perspective, shaped by both academic and personal experiences, is most simply defined by the American cultural critic, bell hooks, as a commitment to "a movement to end sexism, sexist exploitation, and oppression" (2000, p. 1). While my social justice approach might suggest that I bring a bias against men by looking for ways in which men take advantage of women or seek to dominate, I argue that I conceptualize sexism as a politic that requires detailed descriptions of the ways in which power actually manifests through gendered practices. Because I was constantly questioned about my ability to access the "truth" from young men, I became aware that, as a woman interviewing men, I would be participating in a gendered performance. "Do you really

think they will be honest with you?" was a question I fielded from many friends and colleagues. Even the ethics board questioned me: "How will you assure the veracity of your findings as a woman researcher interviewing young men?" Consequently, I was determined to present a fair and detailed account of the gendered experiences of young men I interviewed. As part of critically viewing the data, I have endeavored to unearth my own gendered and feminist assumptions throughout the process of this research.

As I conducted this study, I came to more firmly believe that young men, like most human beings, characterize themselves as required in the moment. I was as interested in the ways in which they chose to portray themselves as I was in the accuracy of what they told me "happened". This required me to honestly locate myself in the dynamic of the interview as well as later, in the data analysis to best understand what assumptions about gender performance were at play. I have selected a few examples of interactions I had with young men during the recruitment and interviews, and dilemmas I faced during data analysis that exposed the ways in which beliefs about gender framed the findings.

First, both the young men's and my own gender performances were at work throughout the research process. It was clear during the recruitment phase that women investigating men's risk-taking behaviours were viewed with a degree of suspicion. When I approached men in Whistler to tell them about my study, initial joking banter conveyed concern that I, as a woman, had ulterior motives for my research. Several young men asked me, with a note of skepticism, what hypothesis I was trying to prove. I documented my impression that, "they are worried that I am going to find out some kind of 'man secret'. They seem protective, and suspicious of me in some way" (fieldnotes,

August 6, 2007). I made sense of the men's initial defensiveness by framing it within the context of strongly entrenched and negative comments I had heard about 'Whistler guys' from others in the community. As I prepared for an interview, one young woman working at Staff Housing quipped, "Oh you are meeting with the dirty boys!" (fieldnotes, July 21, 2007). She was one of many who joked about the numbers of young men getting extremely intoxicated and having unprotected sex in Whistler. The underlying assumption at work was that young men in Whistler are irresponsible, insensitive, and stupid. Therefore, young men positioned me as a woman, 'othered' in masculine culture, who posed a threat by having the power to confirm negative beliefs about men as bad boys or 'dirty boys'.

To counter underlying suspicion for my research motives, I attempted to convey an acceptance of "guy" culture and maintain a non-judgmental approach towards substance use and sexuality. During interviews, I refrained from reacting to any overtly sexist comments and responded instead to the intent of the comment. Doing so built trust with participants and created an understanding that I was sincerely interested in their lives. As a result, young men opened up about their experiences, providing invaluable data about their beliefs, feelings and thoughts. Trust-building across gender proved critical to gathering meaningful stories.

Young men's subsequent candour in the interviews challenged my assumptions about young men. I had assumed that young men would present consistent stereotypical masculine identities, unreflective about their actions and inarticulate about emotional experiences. Instead, young men positioned themselves in multiple ways during the interviews, belying any one unitary masculinity. For example, Jake simultaneously

complied with dominant masculine ideals by telling me a salacious story in which he featured himself satisfying a woman's sexual desires whilst rejecting sexist and patriarchal practices of dominating women. Presenting himself as sexually open-minded, Jake took some pleasure in telling me about sleeping with a woman who enjoyed being spanked. However, he quickly asserted that, "of course I abhor violence against women." (Jake, line 212). Jake's disclaimer exposed his assumption that the female researcher would necessarily interpret sexual acts that involved a man hitting a woman as a sign of misogyny, and that he needed to position himself as a young man sensitive to women's issues.

This example demonstrates how men shaped their stories to meet what they assumed were socially desirable images of men for women. Certainly, young men told me stories in ways that they would not tell their male friends, emphasizing emotional content over actions. Moreover, some participants disclosed things to me they had not shared with anyone. Johnny told me a story about his ex-girlfriend's miscarriage, an experience that affected him deeply because of the implications it had to drastically curtail his lifestyle. In these instances, young men positioned me as confidante and as a result, I was able to gather data that captured young men's reflections of their actions and life choices.

The analysis of data presented many dilemmas of interpretation. I was concerned that I might fall into the sexist pattern of judging young men's behaviours as irresponsible and uninformed, leading to an analysis that reaffirmed negative stereotypes of young men. My training in feminist analysis from the late 1980's had reinforced notions of men's culpability in the subordination of women. Instead, I chose to take a

step back, and look for social structures that supported sexism, rather than condemning sexist acts of individuals. That said, I certainly had reactions to some of the young men's stories. Brian in particular presented a challenge for me. His denial of his behaviour towards the young woman he was sleeping with concerned me. In my view, he was taking sexual advantage of a vulnerable young woman based on his positioning himself as both her protector and a testosterone-driven young man. However, an alternative analysis by one of the male researchers on my supervisory committee proposed that perhaps he could not give himself permission to care for the girl more deeply given that she was a recent ex-girlfriend of his friend. In this analysis, Brian is positioned as a man torn between loyalties to his friend and his authentic feelings for the girl. These differing analyses demonstrate the tendency to see young men as either taking advantage of their gender privilege or being victimized by the ways in which gender ideals constrain specific behaviours and narratives. Polarizing masculine practices into a dualistic system of oppressor/victim highlights a central challenge in gender-based analysis; over simplifying how power is distributed in sexual relationships denies the complex ways gender is practiced within and among men and women. During my analysis, I attempted to avoid over simplification and, instead, to document the complex ways men experienced their gender. Consulting with male colleagues and returning to the data to check my analyses helped illuminate my gender biases by providing alternative readings of the same phenomena.

As much as I struggled to maintain a neutral eye on gender while conducting the study and analyzing data, I was also conscious of playing on my 'femininities' to facilitate aspects of the research. The cover shot taken for a story in the local newspaper,

the *Whistler Question* (Westwood, 2007, August 30), about my research demonstrates a feminine role that embodies a power based on a sexualized image (see Appendix K). As a researcher, I had the power of the questioner who reveals nothing of herself but requires the subject to 'expose' himself through disclosure of personal sexual experiences. The picture played on the dynamic of older woman as "expert" with younger men objectified as "test subjects". This narrative of sexual power intends to create intrigue and curiousity about the mysteries of older women as symbols of (sexual) knowledge. However, while young men may have flirted with the erotics of this dynamic, I would not have succeeded in recruiting if men felt intimidated by me. I also needed to play the "girl" to engage guys in conversation and make them feel comfortable. During recruitment, I downplayed a sexualized image and reflected a more youthful appearance by wearing casual, sporty clothes such as hoodies and jeans. I relied on feminine practices of engaging men in conversation by giving space to their expertise on Whistler and its cultures. Though difficult to describe, I played the fine line of flirtatious without being sexual, engaging without inviting. Most participants appeared to know the rules to this "game" and, with one exception, enjoyed playing the role of younger man providing insight into masculine culture to an older woman. Only one participant crossed the line and hit on me; he assumed my interview questioning to be a personal interest in him, to which I responded with a retreat to the professional lines of researcher.

In summary, the data I collected and analyzed cannot help but be shaped by the gender and other social dynamics inherent in my interactions with the young men. The following section details other ways in which I aimed to stay true to the stories and experiences with which the young men entrusted me.

6. Credibility of Findings

Qualitative research is assessed, as is quantitative, for the credibility of its findings (Silverman, 2005); that is to say, how accurately do the findings reflect "a detailed description of individuals' experiences and the meanings made of those experiences"? (Elliott, 2005, p. 22). It is not necessarily the goal of qualitative research to tell one "truth" about experiences as they occurred in time. Assessing findings on the basis of positivist criteria for veracity would prove impossible as narrative accounts are necessarily recounted after the fact, edited for emphasis and omission and responsive to the context in which they are told. However, "if the research focus is more on the meanings attached to individuals' experiences and/or on the way that those experiences are communicated to others then narratives provide an ideal medium for researching and understanding individuals lives" (Elliot, 2005, p. 26). In other words, it is not the participants' ability to tell the truth that is assessed, but how well the research documents participants' accounts of experiences and what this may reflect about social realities in peoples lives.

In qualitative research, reliability and validity may be understood in terms of stability, trustworthiness and scope (Elliott, 2005, p.22). Stability refers to reliability, or how replicable findings are. Trustworthiness refers to internal validity, or how well the findings describe what they are intended to describe. Scope refers to the extent to which findings may be generalized.

To help ensure stability of findings, Silverman (2005) recommends maintaining a consistency in the ways in which data are recorded, transcribed and analysed. Once transcriptions were returned from the transcriptionist, all interviews were reviewed in

conjunction with reading the data. Errors in pronunciation, slang terms and local references were corrected. Where a word or a concept was emphasized in a particular way, notes were added to the transcript to capture the spirit in which the participant related his story. Silverman (2005) also recommends consistency in coding data. To ensure reliability of coding systems, regular reports detailing how data were being categorized were sent to the supervising committee for review, discussion refinement and corrections. From these reports, an audit trail has been maintained to detail the development of data analyses and to write the Methods chapter.

Trustworthiness of this data analysis was accounted for in several ways. Triangulation of data was used to assess similarities and discrepancies among the data that reflected the extent to which the analysis accurately described the participants' accounts (Silverman, 2005). Three types of data were collected and compared: descriptive accounts, narrative accounts and observational fieldnotes. Each set of data was analysed separately, then compared during the analysis to assess similarities and discrepancies between the different data sets. For example, the ways in which young men described stereotypes of Whistler guys (descriptive data) were compared with the ways they presented themselves during the interview (fieldnotes), and the ways in which they described themselves in their narratives (narrative data). Rather than searching for consistency in the way young men talked about themselves with how they presented themselves, differences were recorded to show how context might influence how and what young men say in the moment despite how they may have understood it in other situations. For example, how a participant told a story would change depending if the audience was a female researcher or a group of male drinking buddies. Differences in

story telling would reveal social dynamics shaped by such factors as gender and substance using cultures.

However, Silverman warns that triangulation may lead to "using one account to undercut another....[and] assume that members are 'cultural dopes' who need a social scientist to dispel their illusions" (Silverman, 2005). This is a particular risk for researchers researching across difference. Because gender is central to this analysis, unaccounted gender assumptions could easily distort the findings of this study. To avoid the trap of over-ascribing gender to behaviour, or ascribing unfounded and sexist generalizations about young men, the CIHR gender and sex-based analysis (GSBA) guided the data analyses: "GSBA is an approach to research and evaluation which systematically inquires about biological (sex-based) and socio-cultural (gender-based) differences between women and men, boys and girls, without presuming that any differences exist" (CIHR, retrieved July 14, 2008). The previous section provided a detailed description of the researcher's gendered position and assumptions that have impacted on the analysis of these data. Notes taken during data collection and during the analysis phase provided further elucidation and a record of how these assumptions impacted the research findings.

Finally, scope, or the generalizability, of the findings, may be described in terms of the meaning unit level at which this analysis was conducted. Rather than an accruement of individual accounts, the data were interpreted at the social level. Narratives and descriptive data were mined in an attempt to access the "'inter-subjective' meanings that constitute a community" (Silverman, 2005, p. 27). Member checking was not possible because of the transient nature of the participants. However, informal

discussions with other young men, people who have lived in Whistler, and other researchers in the areas of masculinities and substance use revealed a resonance with the analyses that indicated the findings have some generality beyond the specificity of these 16 participants.

CHAPTER 4: Description of Participants

1. Demographics

A total of 16 participants between the ages of 19 and 31 years were interviewed from June to August, 2007 in Whistler (mean = 23 years). Half the sample were Canadian (n=8) while participants from Australia (n=2), Britain (n= 2), American (n= 1), New Zealand (n= 2), and Scotland (n=1) also participated (see *table 2* below). All participants were Caucasian and spoke English. Participants worked at least part time and most worked full-time, and most worked a minimum of two jobs. The service industry (bars, clubs, restaurants, hotels) employed the greatest number of participants (n=14). Others worked in mountain operations, as sports instructors, retail and construction. One participant indicated he was "almost" a sponsored athlete in addition to other part-time jobs. Of the participants who indicated earnings (n=8), six (6) earned approximately $1500-2500 per month. However, half the sample did not answer this question due to technical difficulties with the online survey.

Twelve (12) participants indicated they were single, while 3 indicated they were in new relationships and 1 participant was in a long term relationship of nine months. Most participants (n=10) lived in some form of shared housing, including the standard unit in Staff Housing, a shared house or apartment. Staff Housing units had two bedrooms, each with two single beds, a kitchen, bathroom and living room but often housed more than the housing limit of four people because of low vacancy rates and high rents in Whistler. Of the 3 participants who specified sharing a bedroom, 2 shared a bedroom with a roommate in Staff Housing, and 1 participant said he shared the bedroom with his girlfriend in an apartment. Only one participant lived alone.

Table 2: Demographic Data

		Survey Sample *n=33*	Interview Sample *n=16*
Age	Average	23yrs	23yrs
	Range	(19-31yrs)	(19-31yrs)
	Mode	25yrs	24yrs
Work	Full time	20	9
	Part time	7	5
	Unemployed	5	1
Relationship	Single	21	12
	New	7	3
	Long term	5	1
	Married	0	0
School	Full-time	1	0
	Part-time	1	0
	Not in school	31	16
Housing	Live alone	3	1
	Share a room	9	3
	Share hse/apt	19	10
	Other	2	2
Citizenship	Canadian	20	8
	Australian	2	2
	American	2	1
	British	5	4
	Scottish	1	1
	New Zealand	2	2
	Other	1	0
Industry	Service	14	8
	Mountain Ops	5	3
	Instructor	4	3
	Sponsor Athlete	3	1
	Retail	3	2
	Construction	5	2
	Other	8	6
	NA	2	0
Income	> $1000	1	1
	$1000-1500	5	3
	$1500-2000	6	4
	$2000-2500	3	2
	$2500-3000	0	0
	$3000 +	1	0
	NA **	16	5

** *this question was unavailable on online survey for several weeks.*

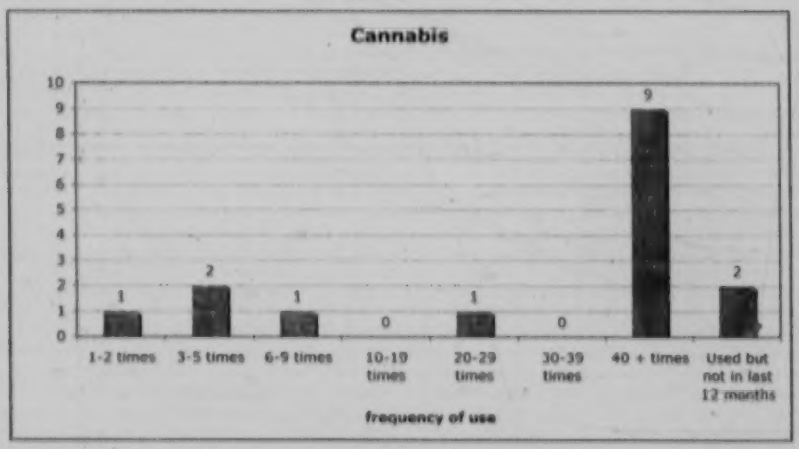
2. Substance use

Participants were recruited to the study on the basis of their drinking and drug use patterns. Therefore, it is important to note that these statistics are not necessarily representative of alcohol and drug use of all young men in Whistler.

Alcohol use. When asked to recall over the past month how many standard drinks were consumed on a typical drinking day, participants responded with answers ranging from 1 drink to 20 drinks on a typical day, indicating on average, participants consumed seven (7) drinks on a typical drinking day. Most participants drank at least two to three times a week, and 3 participants indicated they drank at least one drink everyday in the past month. Only 2 participants indicated that they drank less frequently, only 1-3 times a month. A measure of binge drinking asked how many episodes over the past month did a participant drink five or more drinks. The majority of participants (n=10) responded that they drank this amount 5 or more times a month and 3 participants said four times a month. Results indicate that almost the entire sample (n = 14) engaged in binge drinking at least once a week.

Drug use. Cannabis was reported by participants to be the most commonly used drug, after alcohol and all participants reported using cannabis at least once in their life and 14 used cannabis in the past year. Of past year users, 9 participants indicated they smoked cannabis more that 40 times in the past year. Interviews revealed that at least 4 participants were daily cannabis smokers (see *figure 5*).

Figure 5: Frequency of Cannabis Use in the Past Year by Participants



After cannabis, the other four most commonly reported drugs used in the past year and over lifetime were: mushrooms, cocaine, MDMA/ecstasy and LSD (see *figure 6*). In addition to the five most common drugs, each participant's repertoire of drug use may have included one or more of the following drugs: GHB (gamma-Hydroxybutyric acid), poppers (amyl nitrate), Ketamine, methamphetamine, and stimulants.

When number of drugs taken by each participant were tallied, participants' use ranged from a person who consumed no drugs to two participants who each had consumed nine different drugs during the past year (see *figure 7*). Lifetime data ranged from a participant who had consumed one drug to a participant who had consumed twelve different kinds of drugs over his lifetime. However, many participants (n=5) had consumed a total of four different drugs during the past year.

Interview data revealed that participants were usually drinking prior to other drug use. These survey findings were supported by participants' comments on the ubiquity of the drug culture in Whistler.

Figure 6: Types of Drugs used by Participants

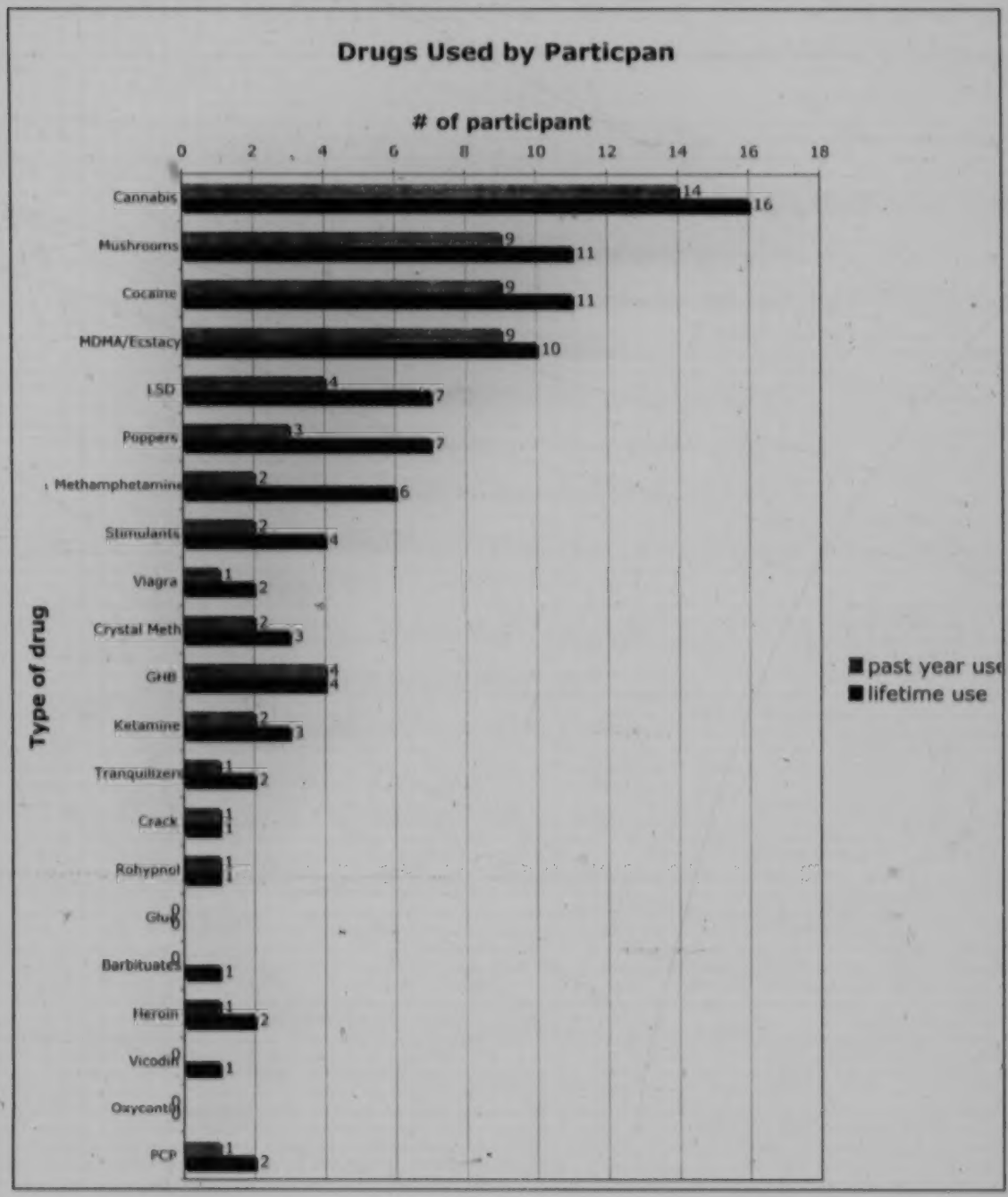
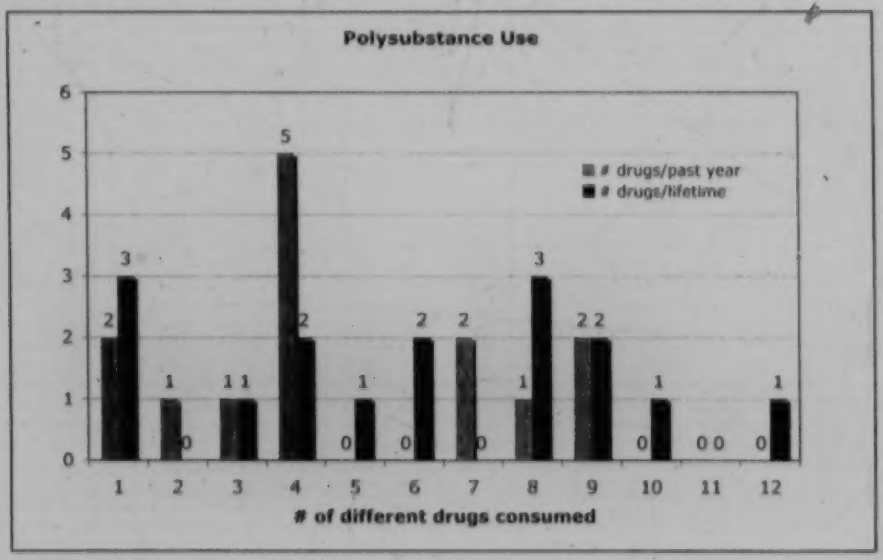


Figure 7: Polysubstance Use by Participants



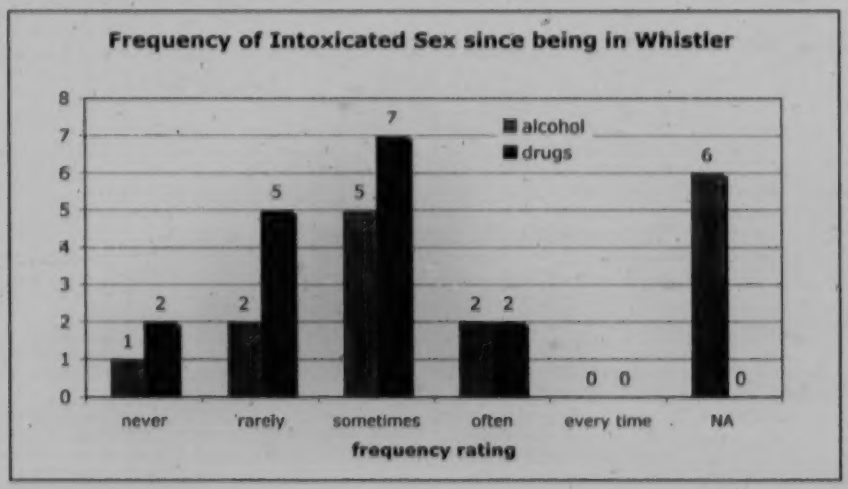
3. Sexual behaviour

All participants identified as heterosexual, except one participant who identified as gay. To be included in this study, participants were required to have had one experience of sex under the influence of drugs and/or alcohol since being in Whistler. Therefore, everyone in the sample was currently sexually active; however, 3 participants had not had intercourse in the past month. While most participants reported using condoms at last intercourse (n=13), 3 participants did not. Of these three participants who had unprotected sex, one was in a long-term relationship, one was in a new committed relationship and one indicated that he used a condom for most of a sexual event with a casual female sexual partner but not for all of it. All participants who had sex in the past month (n=13), did so under the influence of alcohol. Ten participants indicated they had sex under the influence of both alcohol and/or drugs in the past month. Three participants had sex under the influence of alcohol only in the past month.

When asked to rate how often he had sex under the influence of substances, the participants rated on a scale ranging from always to never. In reference to sex and alcohol, 3 participants said "never" to "rarely", and 7 said "sometimes" to "often". Because of a technical problem with the online survey, 6 respondents were unable to answer this question.

Respondents indicated they had sex under the influence of drugs less frequently than alcohol (see *Figure 8*). Seven (7) participants indicated they "never" to "rarely" had sex under the influence of drugs, another 7 participants said "sometimes", and only 2 said "often". Of the two who said often, one indicated he was a heavy cannabis smoker, and the other self identified as gay, and discussed in the interview the central role of drugs in the gay sex scene.

Figure 8: Frequency of Intoxicated Sex



4. Qualitative Participant Profiles

To provide a more complete portrayal of individual participants, the following table has been compiled based on interview data and survey information to summarize

some of the main social information about each participant. The participants are referred to with pseudonyms and any identifying information has been excluded to protect confidentiality.

As is the convention in Whistler, participants are grouped and socially located by how long they have lived in Whistler. Length of stay is typically counted in seasons rather than years, as two seasons usually means one year. People who have lived in Whistler for 1 to 2 seasons are considered the transient workers. If a person stays longer than 2 seasons or returns for winter or summer seasons for subsequent years, that person may be considered more of a "local". However, the true title of local is reserved for those who have lived in Whistler full time for several years, and suggests a specialized "insider" knowledge of the village and mountain terrain. The interview sample ranged in terms of length of stay in Whistler, providing a diversity of perspectives on local culture. Similar to length of stay, nationality is another label by which people are socially located. Each participant is also identified by age.

To further characterize participants, substances used in the past year are detailed for each person. Despite differences in drinking patterns, all participants drank alcohol, and therefore it is assumed in the substance use category. Quotes regarding personal substance use philosophies further round out the social attitudes towards substance use and reveal some of the personality of each individual. As will be further explored in Chapter 5, patterns of substance use and preferences for certain substances are social markers and distinguish some social groups from others.

Name	*Age*	*Citizenship*	*Primary sport*	*Relation-ship*	*Past Year Drugs Used*	*Quotes illustrating drug use identity and/or philosophy*
One Season						
Luke	24	Scottish	Mountain bike	New*	**Pot,** mushrooms, MDMA, GHB	"With alcohol, you just drink and ….have a hangover. [Ecstasy] maybe opened a little door in my head, made me become a little bit more open" (lines1327-1329).
Brad	21	Canadian (west)	Mountain bike	Single	Pot	"Pretty much anything you want, you can get up here… I figure if you find it fun, I'm not going to say no, but I'm not really interested in a lot of that stuff [other drugs]" (lines 237-247).
Darren	25	American	Mountain bike	Single	none	"I never really drank more than like once a month or something and I've been drinking almost every day here" (lines 112-114)
Dillon	23	New Zealand	Snowboard	New	**Pot,** meth, coke, acid, mushrooms, **MDMA**	"I prefer drugs [ecstasy to alcohol] cuz you're just a nicer person and you're more coordinated" (line 297).
Two Seasons						
Alan	22	New Zealand	Ski	Single	**Pot, coke,** mushrooms, MDMA	"I'm always hanging out with people, but I don't always go out and get drunk, I just hang around with friends here, play basketball, and smoke weed" (lines 215-217)
Brian	24	Canadian (east)		Single	**Pot,** mushrooms	"I smoke a little weed" (line 62) meaning, "pretty much everyday" (line 70). "I'm not into doing any chemicals anymore." (line 592).
Eric	25	Australian		New	Pot, **Coke,** mushrooms, **MDMA,**	"If they're there, I'll probably take them [drugs]" (line 118) "I don't smoke weed" (line 275) "I would say I'd had 15 or 20 drinks, but that's not

Name	*Age*	*Citizenship*	*Primary sport*	*Relation-ship*	*Past Year Drugs Used*	*Quotes illustrating drug use identity and/or philosophy*
						unusual" (line 512)
Vince	19	Canadian (east)	Snowboard	Single	**Pot,** heroin, coke, crack	"I don't do any of those crazy drugs, but I smoke weed everyday, like a lot" (line 32-33) "I'm always high and drunk. That's like standard" (line 214-216) "That's why I drink because I am quite smart and if I drink I'm back to normal level" (line229)
Marty	31	Canadian (east)	Ski	Single	**Pot, poppers, coke,** stims, acid, mushrooms, MDMA, GHB, Ketamine	"I'm a semi-semi-retired excessive user" (line 200) "I took a month off everything to know that I wasn't addicted to anything, just get to know my own body and my own limits" (line 100-101)
Justin	22	Australian	Snowboard	Single	**Pot**, meth, crystal, coke, stims, tranqs, acid, mushrooms, **MDMA**	"I'm part of every drug group 'cause I sip here and sip there. I'm partial to hallucinogenics… but weed is pretty much the group that I'd subscribe to, if I had to chose one." (lines 69-73)
Three to Five Seasons						
Jake	24	Canadian (east)	Snowboard	Single	**Pot**, poppers, coke, MDMA	"Like, that's not really my scene [hard drugs]. Like the most I do now is weed" (line 91) "I think everything in moderation" (line 99)
Dave	21	Canadian		Long term	**Pot,** coke, acid, mushrooms, MDMA, GHB, Rohypnol	"I don't really do drugs very often. I smoke a lot of weed, but…" (line 75)
Patrick	25	Canadian (west)	Ski	Single	**Pot,** poppers, **coke,** mushrooms,	"I don't classify myself as the big Whistler partier. I think all my kind of drug use has been in the gay community" (lines 94-96)

Name	*Age*	*Citizenship*	*Primary sport*	*Relation-ship*	*Past Year Drugs Used*	*Quotes illustrating drug use identity and/or philosophy*
					MDMA, GHB, Ketamine, Viagra	
Johnny	25	English	Mountain bike	Single	none	"We're not typical Whistler, we just don't come up to party and get wasted…we're just here for the riding" (Johnny, line 4).
Will	24	English	Mountain bike	Single	**Pot,** crystal, MDMA	"I smoke weed most days, but maybe just a joint in the evening" (line 111). " perhaps a bit too sensible, or too boring" (339).
More than 5 seasons						
James	26	English	Snowboard, BMX, skateboard	Single	Pot	"[Pot smoking] was a social thing…it didn't poison you...it calms you down and because it actually used to help me because I used to be really hyperactive" (lines 202-210)

Bold type: Denotes using this drug 20 or more times in the past year.
* A relationship was considered new if two people had recently started seeing each other exclusively.

CHAPTER 5: Social Context of Intoxicated Sex

To better provide a sense of the social context of intoxicated sex, participants were asked to describe what they knew about aspects of Whistler subcultures, such as drug culture, dating, and masculinities. These descriptive data on participants' explanations of Whistler subcultures were organized under a general "social knowledge" (SK) code. Analyses of the SK data revealed 11 themes. Table 4 lists the 11 themes under the four theoretical areas of inquiry for this study: (1) the social meaning of the setting of Whistler, (2) masculinities, (3) social pharmacology, and (4) notions of risk & pleasure. A fine-grained analysis of each theme further revealed sub-themes, which will be discussed in detail in the sections below.

Table 4: Thematic Analysis Summary

Themes	Definition of theme	Sub-Themes
1. Whistler Setting		
Social Meanings of Whistler	• Descriptions of Whistler and micro-settings in which actions take place • the meaning of these places for young men.	*Adventure; Transitional Zone; Fun; Self-Learning; Social Status; Peak Experiences*
2. Masculinities		
Whistler Dude	• Descriptions of the stereotypical Whistler guy.	*Appearance; Attitude; Sexuality; Skills and Athletics; Social Life*
Being a Man	• Descriptions of what being a man means or how intoxicated sex contributes to feeling like a man.	*Man versus Boy; Responsibility*
Guy Stories	• Narratives about other men. • Insights and thoughts about men telling stories.	*Extreme experiences; Humour; Gone too far; Social positioning*
3. Social Pharmacology		
Drugs & Alcohol	• Descriptions of local drug and alcohol culture in Whistler and other places. • Includes descriptions of ways in which people use substances.	*Introduction to Whistler Drug Culture; Access to Drugs/Alcohol; Drinking Culture; Settings; User Groups; Moderation; Excess; Expense; Gender*

Themes	Definition of theme	Sub-Themes
		Differences; Cannabis; Cocaine; Alcohol; Ecstasy; Hallucinogens; GHB/Ketamine; Viagra.
Connections	• Lay theories and beliefs about the social psychopharmacological connections between sexual behaviour and substance use.	*Alcohol (courage; standards; regret; excuses); Alcohol vs. Drugs; Disinhibition; Pleasure/fun; Taking Advantage; Gender Differences; Cannabis; Cocaine; Alcohol; Ecstasy; Hallucinogens; GHB/Ketamine; Viagra*
4. Risk and Pleasure		
Risk and Pleasure	• Descriptions of what young men consider risky and pleasurable about sex under the influence of drugs and alcohol.	*Risks of Intoxicated Sex; Benefits of Intoxicated Sex; Condoms; Personal Ethics; Gender Differences*
Informs all theoretical categories		
Dating & Mating	• Descriptions of local dating culture • How and where young men access sexual partners.	*Access to Sex; Strategies; Transient versus Long-term; Settings; Recreational Sex; Relationships; Gay Scene; Friendships; Sexual Labels; Competition; Intentionality; Attractive Qualities; Guy Friends*
Girls	• Descriptions of girls in Whistler and sexual partners.	*Whistler girls; Girls' Substance Use; Hot Girls; Girlfriends; Sluts; French Girls; Cougars; Traditional Gender Views; Equality; Vulnerability; Approaching Girls*
Sexual Health Definition	• How participants defined sexual health for themselves and other young men.	*Being Disease Free; Avoiding Pregnancy; Emotional/Mental Health; Pleasure*
Health Promotion for Guys	• Recommendations from participants about how to improve health services and programming for young men in Whistler.	*Common sense; Individual Responsibility; Consequences; Drug Harm Reduction; Sexual Experience; Condoms; More Advertising; Services*

1. Social Meanings of Whistler as a Setting

Many participants were drawn to Whistler on the basis of its reputation as a leading destination for extreme sports, including snowboarding, skiing and mountain biking. Brad, an avid mountain biker and instructor, explained, "It's pretty much… the mountain biking Mecca of the world, and that's what pretty much brought me up here." (Brad, lines 56-57). Living in Whistler carried the cachet of being identified as an extreme sport expert and risk-taker. As Dave stated, "I mean, the mountain biking is extreme, the skiing is extreme and water sports, whether you canoe or kayak, like, it's real extreme out here" (Dave, lines 130-134). In other words, Whistler was not a place for the meek, those afraid to take chances.

The participants predominantly described Whistler as a place of adventure and fun, where they could pursue thrill-seeking and pleasure without taking on traditional adult responsibilities. Whistler, as Justin suggested, "attracts a more open-minded immature breed of people from all across the world that don't want to grow up… that really want to have fun above all else. Like, "responsibility down there *[hand waved below waist*] and having fun up there [*hand waved above his head]"* (Justin, lines 133-136).

Whistler was characterized as a place to have new and perhaps once-in-a lifetime experiences and to grow as an individual. For Alan, "Whistler's all about trying new things for me at least, which is why I'm doing this interview pretty much, just for the hell of it you know cause I just want to experience as many new things as I can at this time in my life. Not really focused on a career or anything at the moment." (Alan, line 465). Several participants said that people could act differently than they might back home

because no one knew them before arriving in Whistler. Darren, who described himself as both shy and academically-oriented, saw Whistler as a place that he could try new identities and become more of a risk-taker: "It's kind of part of why I'm staying longer, too, to force myself to be a little different." (Darren, line 166).

More than a mountain resort, then, Whistler was a place that existed outside the boundaries of the everyday world. A number of participants described Whistler as "livin' the dream" (fieldnotes, July 20, 2007). Vince was drawn to Whistler because of it's reputation as "a party place, it's a young person's dream. It's everything you could want" (Vince, line 332). Like a dream, Whistler was a fantasy world in which different rules applied. Participants referred to the "bubble" (fieldnotes, August 15, 2007) surrounding Whistler in which people could let go of social mores that constricted behaviour in the "real world" (Will, line 17). For example, Brad described the attitude of young women who have left home for the first time to find themselves in the permissive space of Whistler's bar scene:

> "So, I mean, because for some, it's their first time away from home and its kind of one of those [pause] .... You're so far from home, 'what mama doesn't know can't hurt her' kind of thing. There is no way her parents are ever going to find out so you can rebel a little and you can kinda go a little crazy without having to worry really about anybody finding out"
>
> (Brad, line 765)

Though other interview data suggested that girls were not completely free of the sexual double standard, these comments revealed that a sexually permissive attitude prevailed in Whistler. Whistler was characterized as a place of pleasure-driven pursuits and distinct from the conventional world that was governed by responsibility. As Luke observed "it's like a real atmosphere of hedonism, I guess" (Luke, line 80).

For some men, the adventure in the Whistler "dream" would end when it was time to return home to start a career and/or go back to school. Men, such as Will, typically came to Whistler after high school or post-secondary as a temporary stop before returning home "to get a proper job" (Will, line 16). For others, Whistler represented more of a lifestyle choice. Justin spent his last few years traveling between Australia and Whistler, "just chasing the snow" (Justin, line 10) and was planning an investment strategy to fund the next few years of snowboarding. Marty left a lucrative career at the age of 30 to work a casual job in Whistler and to dedicate his time to skiing: "I wanted to grow up. I honestly did, when I moved to Toronto and got the corporate job and was miserable. And here I am, happy again" (Marty, lines 41-42).

Regardless of the reasons participants moved to Whistler, having lived in Whistler carried social status back home. Jake, having lived in Whistler for two seasons, shared the reaction he got from friends when he went home for a visit, "I went back for two weeks just to see people and show them what a ski bum I am, and tell them these stories and they go, 'That's cool, man. That is so cool'… 'Cause they're in the 9 to 5 slog, right?" (Jake, line 459). Men who lived in Whistler gained a badge of honour for bucking convention and putting pleasure above responsibility. Moreover, it added an element of sex appeal. As Jake continued to explain, "You go home, you go out, and first of all, you've got, 'Oh, I did a season in Whistler', I'm a snow boarder, and this sort of stuff, you got the goggle tan, you're in." (Jake, lines 472-475).

Beyond these relatively superficial meanings attached to Whistler, participants also expressed appreciation for the beauty of the mountains and the village. This wonderment of the natural setting instilled a sense of "living for the moment".

"Everyone has come here 'cause it's renowned for like a party place and then the scenery is beautiful and everyone is on a natural high to begin with and everyone's away from home and that gives you a reason to party a little bit harder 'cause you know it's not going to last forever" (Dillon, lines 142-146). Even Marty, who had chosen Whistler as a lifestyle, expressed a deep appreciation for the opportunity to live outside the mainstream and within nature:

> "There's poverty everywhere and I wake up and get to stand on top of the most beautiful mountains in the world and fly down them with sticks on my feet for fun. Like, you just gotta understand how precious and special we are to be and have these opportunities… I don't starve, I don't have to look for wood to fuel my fire, I get to do whatever I want in life. So, ya, I love this place. This to me is the epicentre of paradise. I get to do everything outdoorsy and I never have to make more than two phone calls to find someone willing to do whatever I want to do."
>
> (Marty, lines 348-355)

Whistler, as it was characterized by these young men, is a place that promotes hedonism and a haven from adult responsibility as well as an appreciation for the beauty of the natural world and commitment to a lifestyle of authentic, peak experiences.

2. Whistler Masculinities

Whistler can be described as a very masculine place. All participants noted the large ratio of young men compared to women in this setting. Dave explained the gender difference in the winter, "I find boys are more aggressive, so your gonna get the people who are really just diehard crazy skiers… there's no girls here because no girl wants to move to a little town… with gnarly, hard terrain where there is not a lot else to do" (Dave, line 368). While young women were certainly visible in Whistler, young men were the majority and masculine cultures permeated public spaces. Around the village,

young men could be seen pushing muddy bikes, lining up for the chair lift, watching others speed down trails to the bottom of the hill, or hanging out in groups on outdoor patios drinking beer. Televisions in sports bars chronicled men engaging in extreme sports, i.e., "bike porn" or "snow porn" to emphasize the addictive and arousing content for young men (fieldnotes August 6, 2007). Significantly, Whistler's corporate media capitalized on and reproduced these images of young men. Advertising in magazines, local papers, and large billboards with images of young men referenced and affirmed their thrill seeking and sexuality (fieldnotes, June 29, 2007). Participants drew on these images to describe the stereotypical Whistler guy.

Aligning themselves and other men in relation to this central figure of the Whistler guy, participants outlined two other masculinities; (1) men who were rejected for trying too hard to embody the Whistler guy stereotype, referred to in popular discourse as, "*that* guy", and (2) men who distinguished themselves as "not *that* guy", an identity used to create an alternate and more accessible masculinity than the Whistler Guy ideal. Each of these identities are described in the following sections.

The Whistler Guy. The Whistler guy was a readily identifiable character. Participants were keenly aware of appearance and fashion was central to their descriptions. Luke identified the Whistler guy as having all the "right gear, urban clothing like hip hop, big caps and really baggy clothes and stuff" (Luke, lines 20-21). Hair was also a key marker. Dave explained that if a guy wanted to look the part, he needed a certain hairstyle, so he would "start growing his hair long, 'cause that seems to be popular right now, and grow an ugly moustache" (Dave, line 36). Physicality, too, was highlighted. Noting the number of 'beautiful' people at the beach in Whistler, Dillon said,

"it has inspired me to start doing some sit ups and press ups 'cause like … I take my shirt off and I'm pale and these guys are like bronzed Adonis's, … they focus a lot on their personal image, like exercise a lot and are really committed to it" (Dillon, line 120). Darren specified that the ideal guy would have a certain stature, such as "6'2 and in shape" (Darren, line 58).

The Whistler guy was characterized as a man who seamlessly managed the demands of the Whistler lifestyle. Brad explained the true Whistler guy had to have the stamina to be "always in the club every evening and he makes just enough money to go clubbing and [stay out] till 3 in the morning and then goes to bed and sleeps till noon, and then goes for a couple of laps in the park before he's gotta work and just kinda keeps repeating day in and day out …" (Brad, line 132). In addition to sustaining a party reputation, the typical Whistler guy was an expert snowboarder or mountain biker, whether professional or simply "aspiring" (Will, line 54) to establish a professional career as a sponsored athlete. A sponsored athlete held a status similar to that of a celebrity[4]. James, who used to be a pro-snowboarder explained the way people, particularly women, treated him: " It's a bit weird because people kind of worship them [pro-athletes…] It's like you felt wanted… so many people want to sleep with you because of your status, 'oh my god you're a Hollywood star'" (James, line 41).

The Whistler guy was also "charismatic ladies man" (Alan, line 150), with an easy charm and a reputation for sleeping with lots of women. He was unlikely to have a steady girlfriend or expected to put priority on committing to any one romantic

[4] Ironically, true professional athletes were far less likely to stay out partying or do drugs as it affected their ability to succeed and compete. Coaches and drug testing typically deterred young professional athletes from this kind of lifestyle. (fieldnotes, personal communication, Gabe Fox, June, 2007).

relationship. James explained that the Whistler guy is "not ready for commitment… [he] likes to have his cake and eat it too" (James line 49). Marty summarized the image as a young man who embraces the 'extreme' pursuit of peak experiences, whether it be sports or sex.

> "The stereotypical Whistler guy is the shaggy haired 20 to 23 year old, skinny, just wants to go and have as much fun as possible, … there's just an extreme attitude, so either their snowboarders, skiers, bikers, [or the other side…] 'I went to Whistler and slept with 20 women…. I slept with as many women as I could… it's not a bad thing, it's not held against them, it's almost like people would expect that."
>
> (Marty, line109-111)

Along with Marty, Luke noted that for young men, sexual activity, and lots of it, was considered the norm. Men who claimed to sleep with lots of women were not going to be socially stigmatized like women would be; "there seems to be that kind of male bravado thing going on, that male camaraderie, where as if a girl did that obviously it would be flipped on her head [it would work against her]" (Luke, line 4). Indeed, the local expression "Whistler Virgin" (fieldnotes, august 15, 2007) indicated that there is a strong community expectation of sexual activity in Whistler. A person who had not yet had sex in Whistler (regardless of whether they have had sex previously) was given this label until he or she declared otherwise. Though tongue-in-cheek, this label suggested that young men were pressured to detail their sexual experience to others[5].

The social hierarchy in Whistler placed men with financial and drug resources nearer the top of the dating pool. Because Whistler is expensive, Marty explained "a guy has to have a good job… bouncers and bartenders here can make $200 a night" (line

[5] Young women were arguably under similar pressure to prove sexual activity but the sanctions held against them were different than for young men, leaving them in the typical double standard that punished them for following through on the sexual behaviours they were pressured to perform. However, the scope of this project did not include an analysis of the perspectives of young women and will therefore not be discussed here.

123). Dillon echoed that a successful guy would "probably [be either] a barman…barman's a really cool job, [bartending at] events or stuff like that…[or] I guess, drug dealers" (Dillon, 58-63). He told a story about his roommate, a cocaine dealer, who went to the bars regularly and brought home a different girl every other night because he offered them free drugs. Besides having drugs to give away and money to spend on women, men doing these kinds of jobs were most likely to know about parties and other fun events not accessible to tourists, so he could offer women entry to exclusive events. Moreover, these types of jobs were considered higher status than entry level service jobs such as working as a dishwasher or a "fry cook" at a fast food outlet (Brad, line 145) and therefore considered more attractive to women.

Finally, the Whistler guy had a particular life approach that blended confidence, brashness and amiability. As Dave described, "they got a little bit of attitude. The want to look the way that they think they should look and, uh, I don't know, most of them are nice. Don't get too many jerks up here" (Dave, line 16). Even though he may do things considered borderline destructive, the Whistler guy was generally admired for his daring and his actions framed as pranks rather than crimes. Alan told a story about his roommate that he felt epitomized the rebellious nature of the Whistler guy who stole a sign from the village and dragged it up the hill to Staff housing just for the challenge of doing it. He described these stereotypical guys as a "kind of rebels, don't really care about much, they just kind of do what they want" (line 120). But this self-centeredness and ego was balanced with likeability. The typical Whistler guy is someone who has many friends, is well liked by girls and respected for his boldness. Dillon summarized the Whistler guy as

someone who is "into bikes, boards, [has] loads of friends, likes to have fun…[always] makes the most of it" (Dillon, line 38).

***"That* Guy" and "Not *That* Guy".** Descriptions of the typical Whistler guy conform to traditional notions of masculinity that are not unlike Greek gods such as the "Adonis" that Dillon referenced: physically fit, athletic, sexually attractive and potent, charismatic, indomitable. While some admiration was expressed for this stereotype, participants did not wholly align themselves with this version, or brand, of masculinity. The ideal of the Whistler guy could veer dangerously into the parody of "*that* guy"[6]. A colloquial term reserved for men who stood out for their failures to successfully embody the practices of dominant masculinity, "*that* guy" typically claimed an unwarranted membership with the local insider group by trying too hard to fit the image: in short, a "poser". Participants defined these masculine failures primarily by positioning themselves as "not *that* guy." For example, Johnny called these kinds of men "fucking retards" (line 198), guys that came up from the city solely to pick up girls and brag to each other about their riding skills.

> "You see guys, like yeah, jocks up there and stuff and we're always 'What the hell are you doing here. You shouldn't, you don't deserve to be in Whistler. You don't ride or anything.' You know guys who score all the hot chicks and, just like, the meat-heads that come up from the city just to get drunk and get laid and stuff."
>
> (Johnny, line 198)

He identified himself and his friends as the "true Whistler people…kind of under the radar" (line198) who prioritized mountain bike riding over partying and scoring with

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[6] The expression "that guy" was chosen as a label because participants distinguished themselves in terms of how they did *not* fit a particular masculine presentation; hence, "not that guy". As the expression is a common popular culture reference, the researcher determined that young men would understand its use as appropriate.

women. Luke, who aligned himself with what he claimed as a more refined European masculinity, distanced himself from what he saw as more abrasive North American masculinity, " I'm not as loud as some people out here [North Americans], and guys get really charged up here when they get drunk. They're all shouting and singing and it's strange because where I come from we don't tend to get really loud… it's almost like an outlet for their aggression. I'd see myself as probably something different… because I'm not loud and brash and confident. Well I'm quite confident but not loud and brash. ... [you act like that] if you want to be the kind of big man I suppose." (Luke, line 24). Will, a Kiwi, similarly criticized North American masculinity in contrast to the young men from Australia and New Zealand, "You can tell the difference, the Canadians are all about what so and so's wearing, what parts they've got on their bike… they like the big showy tricks and stuff… we do a lot of our riding now with the Aussies and Kiwis because they tend to talk themselves up a lot less but ride a lot faster… and you get a little bit less bullshit from them" (Will, line 62).

Despite the national distinctions made by non-Canadians, the Canadian participants similarly dismissed men who tried too hard to fit the Whistler Dude image. Men who were overly focused on building muscular bodies were labeled as "jocks" (Johnny, line 200). Brian, though proud of the fact he was "in pretty good shape" (Brian, line 101), did not want to be associated with the men who were built, "it's not for me, I'd rather work out my head than work out my chest…it's like a stereotype thing… if you are buff then you're a 'juice-head' [guy who uses steroids for muscle building]"(Brian, line 101). Such hyper-masculinity signaled lack of intelligence and deep-seated insecurity. Dave, who appeared comfortable with his heterosexual masculinity, distanced himself

from "*that* guy" who needed to demonstrate his masculinity through traditional symbols such as eating large servings of meat, "I've never really been like one of those type of guys that [says…] I'm going to do this so I feel like a man, I'm going to eat a big steak" (Dave, line 374).

Excessive partying and substance use was also a sign of becoming "*that* guy." Cautionary tales that demonstrated failure to "handle" (Marty, line 45) the party lifestyle featured men who ran out of money, got addicted to drugs, and usually had to leave Whistler because they were burnt out from the late nights and partying. Succumbing to the excesses of the party lifestyle revealed men who had failed to learn to pace their substance use, were young and foolish, and could not manage the Whistler lifestyle. Marty, at 31, observed younger people failing to learn moderation, "I tend to find that people do it overboard here, a lot of people get into trouble, just doing too many drugs, they get fired or they end up leaving just because they recognized it in themselves and then they'll take off… […] a lot of people tend not to be able to say no, so I find lack of self-control is a big thing up here." (Marty, lines 44-47). As a seasoned partier, Marty was admired by younger men for balancing partying with health and fitness. He did a dietary cleanse and retreat once a year, was physically active, practiced safe sex and had learned over the years to live by his edict: "you do the stupid things smart" (Marty, line 61). Similarly, other participants, while they claimed earlier days of wild partying, identified moderation as a sign of maturation and ability to manage the Whistler lifestyle over the long term. Will identified with those who had learned to focus on riding rather than the guys who came to party, "I'm 24 now and I've had the bulk of my really hectic partying days behind me… but it's not why I came here" (Will, line 18).

A number of participants took care to distance themselves from the masculine image of the guy who harassed women at bars and was always on the make. No guy wanted to be perceived as "*that* guy" hitting on women with cheesy pickup lines and ignoring their obvious distain for his drunken attention in hopes of getting sex. Will disparaged "the studs who are desperate to brag about how many girls they slept with this season and stuff" (Will, line 66). Marty labeled older men in bars trying to hit on young women, "cheese-balls" (Marty, line 283), and in the gay scene, Patrick characterized older men trying to pick up attractive young men as "pathetic" (Patrick, line 172). Being out of control in this manner was characterized as counterproductive in terms of meeting sexual partners, was seen as a display of desperation, and possibly predatory. Johnny felt that women would immediately be suspicious of a guy who was trying hard to pick her up, "I see so many guys do that and just go up tracking women … being like really sleazy and stuff. I just think it's really sleazy and if I was a girl and some idiot was like just being so cheesy and sleazy, I'd be like, 'what are you doing?", sort of thing" (Johnny, line 50). Alan presented himself as sensitive and caring about women "I guess I am… I am a bit self-conscious; I'm always trying to not seem like one of those guys at all… I don't come on too strong. I give them their space" (Alan, lines 216-218).

Valuing women as equals and friends was posited as a sign of maturity, respect and understanding of Whistler culture. Will compared the attitude of guys towards girls in Whistler to that of his hometown, "Everyone is a bit more on the level here. You know there's lots of hooking up goes on but at the same time guys and girls are really good friends here, equal friends… you end up with a lot more friendships with girls … I like that aspect of it" (Will, line 96).

Most participants claimed agency in reconciling their own masculine identity and practices with the dominant masculinity described earlier. For example, Brad described that people were free to choose to do what they wanted, there was no pressure to do things like take drugs or party, "you do it if you want to, and don't if you don't, as long as everyone is having a good time" (Brad, line 218). However, the interviews also suggest that some participants had less choice with respect to identifying with the dominant Whistler masculinity. Despite dressing and acting the part of the stereotypical Whistler guy, Vince admitted he lacked the suave pick-up tactics of more sexually experienced men, "I'm too young to have a really good game… I just hooked up a few times, I don't hook up every week or anything" (Vince, line 58). Darren in particular saw himself as an outsider to Whistler culture and unable to embody the Whistler guy masculinity. Despite the fact that he looked similar to other men in Whistler, he described himself as the prototypical unsuccessful Whistler guy, "I don't know, I'm kind of like 5'10", and overweight and not a pro anything" (Darren, line 96) and related a story to illustrate his outsider status.

> "The first day I was here and I was riding, it was weird, and I bumped into the two like successful types and I was just talking to everybody just trying to meet people and these two guys like kind of befriended me a little and we went out that night and it was unbelievable. They, like, got us past the bouncers, we skipped a huge line and within 10 minutes they had groupie girls doing shots off of each other and crap and I was, like, no idea what was going on, so it was kind of fun to be in that crowd for once, but you know…[…] I still felt like I was just attached, it wasn't like I was 'in', I was, like, 'oh, cool' but maybe I'm not supposed to be here or something… […] It was definitely the first time I've been on that side of the social divide"
>
> (Darren, lines 114-119)

Darren's experience as an outsider demonstrated that for some men, access to dominant masculinity was limited and variable. Besides the individual level factors that

may have been involved in Darren's situation (poor self image, discomfort with new situations), Darren's ability to access sexual opportunities was limited by his identification with a lesser masculinity. While Darren was able to temporarily inhabit a dominant masculine space, he felt inauthentic, and was unable capitalize on this opportunity to meet women. Instead, Darren normalized his subordinate masculinity by aligning the 'successful guys' with his lesser status in a different story:

> "It's funny, they sit around all day and smoke pot and play video games and do an odd job here and there 'cause they don't have anything to teach in the summer, and… then they go out and I bumped into one of them last night just doing the same thing like me, just drinking somewhere and he ended up coming home by himself too… so you know…"
>
> (Darren, line 178)

Darren suggested that the masculine ideal of sexual prowess was out of reach of even the more 'successful' Whistler guys at times. However, Darren still affirmed sexual prowess as a dominant masculine ideal. In this sense, Darren demonstrated how men become complicit in supporting a system of masculine privilege that at the same time limits men's to these privileges.

Since men were unable to embody all the ideals of the Whistler guy stereotype, and criticized those who attempted to do so ("*that* guy"), participants identified with more accessible masculinities ("not *that* guy"). Most participants rejected the adult role of manhood and aligned themselves with the identity of 'boy'. For example, Johnny declared, "I don't see myself as a man, to be quite honest. Just a big kid… I don't really care what other people think to be honest, if I'm a man or not, as long as I'm having fun" (Johnny, line 194).

However, this alignment with boy-like masculinity did not mean unbridled self-indulgence in pleasure and recklessness. Young men needed to balance the wild, risk-taking "boy" with the manly control, competence and skill in order to gain sexual privileges of the Whistler guy. Despite claiming to be rugged individuals choosing a life of freedom and adventure, participants demonstrated a strong alignment with dominant ideals of the Whistler Guy. Somewhat ironically, the hegemonic ideal around which men situate their identity is based on the primacy of individuality, despite a strong local masculine culture that allows for little diversity of masculine expression.

3. Social Pharmacology

Participants were asked to share their theories about what they saw to be the connection between sex and substance use. Participants typically framed their answers in terms of specific substances and their varying effects on sexual behaviours. Effects of substances on sex were also described in terms of level and stage of intoxication. An analysis of substance types revealed discrete evaluation criteria, including access to sexual partners, sexual desire, pleasurable sensation, sexual performance, quality of interpersonal connection and relationship to partner, authenticity of experience, and self-control. Analysing substances by function illuminated how different substances provided particular benefits at different stages of a night out.

Meeting potential sexual partners. Alcohol was the primary substance discussed in terms of helping a guy meet a potential sex partner. Alcohol was the "liquid courage" (Brian, line 125) that helped guys feel more confident to approach attractive women, particularly for those who saw themselves as not very savvy with women. Darren said alcohol makes people "do things they wouldn't normally do, and approach each other

where they normally wouldn't… they probably use it like an aid. I know I do" (Darren, line 181). Jake explained that because of the gender imbalance in Whistler, "every girl knows why a guy is talking to them at Whistler and its tough to break through that… you know you can have a great conversation with them but you're not always looking for that [conversation]… it's tough…[so alcohol] gives you Dutch courage, you know? Get yourself going" (Jake, line 73). However, the participants also emphasized that too much alcohol could lead him to be "that guy" (described in above section), thereby ruining his chances to meet an attractive sexual partner. Brian said that while alcohol helped him be more outgoing and louder, he was not sure "how much that really helps because I hate it when people come up to me all fucking hammered and in my face" (line 125). Some participants felt that if a guy wanted to meet a girl who had potential to be a girlfriend, being sober was better. "[Alcohol] makes us more confident… but I don't know how much it helps to be honest, like I've had better luck sober at least, going up to a girl and actually talking to her" (Brian, line 123).

Drugs also facilitated meeting girls. Dillon saw drugs as similar to alcohol in providing a person with "more confidence so it'll be easier to go out and hook up" (Dillon, line 303). Offers to share drugs gave young men opportunities to talk to and spend time with a girl, usually in a more intimate setting like outside the bar or back at home after leaving the club. Cocaine, in particular was described as a drug that might facilitate a hook-up, but one that was fraught with a sense of superficiality and manipulation. Will explained: "If you've got a guy and a girl with the same mindset who are both into something flashy and glamorous then it can definitely be used to lure someone in" (Will, line 74). Stories about cocaine were typically about men with money

and girls who wanted free drugs. Jake related a typical story about cocaine-based sexual relationships: "I know a guy, and it is a sick relationship they have. He gives her coke, she sleeps with him. It's so strange" (Jake, lines 800-801). None of the participants identified with this aspect of the cocaine scene. "If I knew a girl was only interested in talking to me because she knew I had coke and was trying to get in on the action, I'd run a mile" (Will, line76). For Patrick, though, drugs offered by older men were a central part of the gay sex scene, and a danger to be vigilant about: "you just never know because there's a lot of… some sketchy gay older men out there who… reel the guys in on the drugs and kind of put them over [render them unconscious]. So you've got to be careful" (Patrick, line 127-129).

Offers to share cannabis, on the other hand, were also an opportunity to spend time with a girl but without nefarious undertones. Smoking cannabis was identified as primarily a casual social event between friends. Justin described how "joints get shared very freely… I mean, weed is a massively social drug, if it gets passed around it's not very often I ever see anyone say no" (Justin line 28). However, others felt that, while cannabis smoking offered an opportunity to spend more time with a girl, the high from cannabis interfered with one's ability to socially interact effectively. Dave, who had cut back on his pot smoking after he felt it was hampering his ability to meet women, explained "I found for me, personally, it made interaction with the opposite sex hard. Definitely." (Dave, line 226).

The pick-up. Because substances were understood to lower inhibitions, the participants described their use as leading to a greater likelihood of sex. Patrick explained the process in terms of simple arithmetic: "So say you had like 10 judgments

up there when you go out sober, take five of those judgments away so it's more likely to happen… there you go, it just adds up" (Patrick, line 195). Brian imbued alcohol with transformative power to let loose the male sex drive, and suppress self-control: "like, alcohol, you turn into this horny monster, like, you'll hump a hole in the wall" (Brian, line 233).

Along with lowered inhibitions, alcohol lowered one's standards in terms of sexual partners. Listing some of the slang terms that refer to this phenomenon, Jake explained: "Yeah, you definitely lower your standards, like the typical '5', 'Stella-vision', beer goggles, a 5 pinter, oh she'd be alright, double bagger, all this sort of stuff" (Jake, line 249)[7]. Most of these terms indicated that alcohol affected a person's ability to accurately "see" attractiveness. The ways in which alcohol led to sex with a sub-standard partner therefore had multiple pathways. It impaired a man's better judgment, affected his vision and ability to discern attractiveness, and freed and inflamed his testosterone-driven sexual desires. Assuming that less attractive women were desperate to hook-up and jump at the chance to sleep with an attractive guy, alcohol therefore increased some men's chances of accessing sex, at least in theory.

However, participants nuanced this causal link between alcohol and lowered standards with other explanatory factors. If a guy hadn't had sex in a while, his sexual frustration was considered the primary cause of lowering his standards. Johnny told a story about a friend of his:

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[7] A translation of these terms: a 5 refers to a 5 out of 10 on a scale of attractiveness; Stella-vision references the brand Stella and is another term for beer goggles; beer goggles is a term for the effect beer has on one's ability to see and ascertain attractiveness; a 5 pinter means a guy requires 5 pints before he would find the girl attractive enough to sleep with; a double-bagger means the girl requires two bags over her head because she is so ugly.

> "My friend at work, he hadn't had sex for almost a year, and we were all joking around with him and stuff, you know, cause, he's… it's a guy thing, I guess, … but he started to take it personally and stuff, it's not like we were serious, just joking around, and he just ended up going out and he just hooked up with this chick. She wasn't that great, but…"
>
> (Johnny, lines 342-345)

This example suggests that a guy needs to have sex just to prove, to himself and his friends, that he can. Similarly, Jake explained that if the guy was unable to "pick up that gorgeous girl there, [he would say'] 'this one is kind of interesting, I'll take the fat chick. It's bad but it does happen'" (Jake, line 253). Underlying these theories around alcohol and sex is the concept of men's sexuality as something insatiable and in need of frequent outlet. Moreover, a man must be seen by his peers to have regular sex to embody successful masculinity, even if that means lowering his standards to sleep with someone considered unattractive.

In comparison to alcohol, ecstasy was seen as a "friendly happy buzz" (Dillon, line 283) that was less sexualized than alcohol. While it increased confidence, it had the added effect of desire for emotional connection and physical contact. Dillon explained how ecstasy could lead to more sexual situations: "Because you are so well spoken, you think you are a genius and superman, you get so much confidence and you can dance and talk and talk and talk and you're funny as hell, … and you just really want to touch and you get just touchy feely and it kinda goes from there" (Dillon, line 279). Different from a "raging" (Dillon line 156) cocaine high and messy alcohol intoxication, a high from ecstasy was characterized as less aggressively sexual and promoting more mutual and emotional connection between sexual partners.

Each participant emphasized that he would not use substances intentionally to improve the chances of getting sex. With the exception of Patrick, the one gay

participant, most participants downplayed the intentionality of substance use in relation to sex. Patrick described the gay sex scene as closely bound to drug culture, where men often consumed intoxicants openly at planned sex parties. Heterosexual participants, on the other hand, emphasized a more incidental connection between sex and drugs. In general, drugs and alcohol were portrayed as part of the fun of partying, and that the night may or may not end in sex. As Alan suggested, the potential of sex was always present, but not the goal of drug taking, "I think we just take drugs to have a good time and then…" (Alan, line 206). The men explained that because of the pervasive substance use, any sex they might have is likely to occur under the influence. According to Dave, "there's so much drinking and smoking [weed] going on that chances are if you're having sex, you're intoxicated. Chances are if you're going to bed, you're intoxicated." (Dave, line 94). Vince argued that the connection between sex and substance use was not a simple causal link but one influenced by multiple factors.

> "I'm not sure about [the link]. Because you could say someone's more willing, not me personally but collective of people, they're more willing to have sex if they haven't had sex in two weeks, they're more willing to fucking do some crazy shit if they haven't had sex and they're on cocaine for the first time ever. They're more willing to have sex if they've never tried "E" and they haven't had sex in a month. Like you know what I mean? […] It's all about opportunity, chance, lifestyle, what's happening, what's happened, what's going to happen."
>
> (Vince, line 328-330)

While participants declared no simple causal link, they also claimed that alcohol and other substances affected a person's sex drive, making sex more likely. Participants said that alcohol in particular lowered women's sexual inhibitions, making it easier for men to hook up with them. Dave told a story about his friend the bartender who was renowned for taking home women from the bar:

> "There was this one girl that, like came up to the bar at the end of the night and she's obviously waiting to take him home and he's like 'are you drunk?' She's, like, 'mm, ya.' They started talking and he says, ' are you drunk enough to let me stick it in your bum?' And…[…] he's kinda rude to her. She's like, 'mm-hmm.' So it was kind of like you can tell if she wasn't drunk, I don't think she'd be saying that openly"
>
> (Dave, lines 274-276)

Though participants claimed they would never engage this strategy themselves, several admitted that it is standard practice for some men to use alcohol to improve their chances of having sex with a woman.

Sex under the influence. The participants reported a wide variety of experiences and beliefs about how different substances affect sexual performance and pleasure. Overall, substances were something that added to the fun of sex. Brad believed that "obviously, whatever [drug] you like doing, plus sex is just going to make it that much better" (Brad, line 366). Vince, when urged to expand on the ways that substances made sex better, stated point blank, drugs and alcohol "make things fun, period" (Vince, line 326).

Certain substances carried a reputation for enhancing for sexual pleasure and performance. However, the same substances could also be described as inhibiting pleasure or, at least, having unpredictable effects. Negative effects were explained by level and phase of intoxication. Dave compared alcohol and cocaine: "I've heard that on cocaine, you can last a really long time but then if you do too much, you can't get it up so, it defeats the purpose. And… if you're on a good drunk, you can last forever. If you're too drunk, it's naahh, you just fall asleep" (Dave, line 143). Marty, a highly experienced drug user, explained that guys who take a lot of drugs have to deal with more

drug-related impotence: "if you take a lot of drugs, you don't have a lot of sex [because] it affects the ability sometimes" (Marty, line 370).

When participants compared the effects of alcohol to the effects of drugs on sex, they said that alcohol usually leads to "messy sex" (Dillon, line 312). Drugs, on the other hand, allowed more control. Luke compared ecstasy to alcohol:

> "I guess, in a way, it is a little bit safer because you know, alcohol can lead to so many regrets and things like that … […] I don't like to be really drunk if I going to have sex… it kind of numbs me a little bit. And you do have the whole memory thing. You can't really remember a thing; I don't think you can be as intimate with somebody. Um, I don't like being really drunk any more. I hate that feeling of not being in control."
>
> (Luke, line 162- 183)

Similarly, Vince explained he " would much rather have sex with a girl when I was high as a kite than fucking drunk as fuck" (Vince, line 176) because it affects coordination and performance: "When you're drunk [it's] not going to be as good, no way [….] the effect of alcohol, it's poison, slows everything in the body down" (Vince, line 184). Justin preferred cannabis because " I can control in my head way more, it just redirects my focus and concentration during sex" (Justin, line 181) whereas with alcohol, he tended to be less careful "… when I'm drunk, condoms are definitely not in the forefront of my mind" (Justin, line 282-283).

Alcohol, as noted before, was considered a substance that lowered women's sexual inhibitions. Not only did alcohol facilitate the hook up, but it also increased women's willingness to be sexually adventurous. While Luke felt that, regardless of alcohol intake, "guys, being guys, will always be up for it, for lack of a better phrase, but alcohol sometimes can make girls less inhibited" (Luke, line 161). Brian's theory on alcohol and women was that "alcohol totally eliminates any kind of problems they would

have with having sex, they'd probably be more forward. "(Brian, line 153). But he warned that some women turned into "turbo sluts when they get drunk… you have to watch out for them… it's almost like they have to have sex no matter what, it doesn't matter with who even, its like 'Fuck me' kind of thing, it's scary" (Brian, lines 153-157).

Ecstasy had a reputation as heightening the sensations of sex. Luke related that people selling ecstasy promoted its sexually enhancing effects: "You do hear about ecstasy, it's just people trying to sell it to me, [… they tell me] 'it's so much more intense'" (lines 763-769). However, others explained that ecstasy was unpredictable. Despite the pleasurable sensations, it could also impair men's erectile function. For Dillon, sometimes "everything's working in perfect order and it's very physical, everything feels amazing and then [other times] there's no action going on because your whole body is just like tingling and it's like, 'what's going on?'… yeah, that was depressing" (Dillon, line 188). Young men were also concerned about misunderstandings that may arise because of the emotional connection ecstasy inspired during the high. Luke worried that after the drug wore off, he might not know if the feelings he had for the girl were authentic: "it could get you into trouble because you might think that you feel emotion more for somebody than you actually do" (Luke, 829). Most young men were concerned that the girl would get the wrong impression, because they were more likely to interpret the experience as "romantic" versus casual sex enhanced by the effects of an empathic drug.

While ecstasy was associated primarily with enhancement of pleasurable sensations and emotional connection, cocaine was associated with improved sexual performance. Several participants reported that cocaine had a reputation for improving

sexual endurance, helping men achieve a hard erection for a long time without orgasm. Specifically, participants told stories they had heard about snorting cocaine off an erect penis to explain how cocaine caused the penis to go numb, thereby lowering sensations that would typically arouse men to orgasm. According to Brian when cocaine is "applied to certain parts of the body [penis], you can pretty much go all night 'cause it makes it go totally numb" (Brian, line 237). In some situations, the lasting effects of cocaine, while increasing sexual endurance, decreased pleasure. Eric explained that sometimes sex under the influence of cocaine became boring if a guy could not orgasm. "I'd say I last longer but I kind of lose interest at the same time" (Eric, line 385). Additionally, too much cocaine sometimes impaired sexual functioning. Will related stories from his friends, "I've never tried having sex while actually high on coke, I don't know if it would mechanically work, [laughter], speaking to a few friends they've had problems in the past" (Will, line 166).

Viagra was mentioned only briefly. Expectedly, it was talked about in terms of improving sexual performance and endurance particularly in relation to taking ecstasy, to counteract the ecstasy-induced impotence. But Luke warned that Viagra could be dangerous for young men as it could cause priapism: "I don't know, it doesn't appeal to me. I've heard of people actually getting quite hurt" (Luke, line 195).

Similar to the mixed effects cannabis had on men's abilities to meet and pick up sex partners, reports on the effects of cannabis on sexual desire and performance were similarly mixed. Some participants were clear that cannabis "kills your sex drive" (Dave, line 210). Dave explained how he cut down his cannabis smoking when he realized he had not dated any girls in a while. Once he cut down, he found he was more interested in

pursuing girls again. Other participants described the opposite effect: smoking cannabis aroused one's sex drive. James said cannabis made him "more sexual for some reason…[…] it gets the heart pumping … it gets you more driven" (James, line 187-192). Will advised caution when smoking cannabis, pointing out that sometimes it can encourage sexual feelings while other times, and particularly if a man smokes too much, can distract him from sex:

> "I'm sure there's nights where I've pissed off [my girlfriend] by getting stoned and going to bed when she was actually up for sex and it just kind of knocked me out. Sometimes it can be a good thing [for sex], sometimes it can actually kill things off if you're not careful."
>
> (Will, line 160)

For Justin, cannabis was similar to the ways young men described ecstasy. For him, smoking a joint with a girl before sex enhanced physical sensation and pleasure as well as emotional and spiritual connection to his sexual partner.

> "Smoke a joint, the sensations are heightened, I have more body awareness, body control, like, I read a bit of Tantra, but it's more just I'm disassociating my mind to my body and I'm zoning out becoming one with the girl and it only ever really works when I've been with a girl for a while when there's lots of trust and respect in the relationship but smoking joints together and coming together it just puts it to a whole other level."
>
> (Justin, lines 88-89)

Justin also elaborated that the experience was best if the girl was also high with him, but emphasized that a trusting relationship was the key factor to experiencing the more spiritual effects while high and having sex.

Patrick was the only participant to mention GHB (gamma-Hydroxybutyric acid). He and his ex-boyfriend planned to take it with another couple they knew and trusted as part of a pre-arranged sex date: "I know that I was going to go there to do the G to have

even more enhanced kind of sexual experience" (Patrick, line 161). Patrick characterized GHB similar to the way alcohol in that its effects caused a person to lose control " I think you do lose control, it's a very sexual drug, um it makes you very horny so you kind of lose that little bit of control" (Patrick, lines 246-247). While he was clear that GHB enhanced sexual pleasure, he also warned of its dangers, "I'm always very safe but… you could screw up and it's dangerous, you can go into a passed out state very easily because if you don't use [the same measuring cap] or if you use it with alcohol, you go into a G-hole, you pass out, almost like a date-rape type of drug" (Patrick, lines 248-252). Patrick emphasized that he would only take this drug if he was in a safe situation with known friends to avoid possible sexual assault. GHB was considered a highly pleasurable but risky drug that was closely associated with sex, and required one to take precautions to prevent possible harm.

Hallucinogens such as mushrooms and LSD were uniformly considered too reality-distorting for sex. As Vince colourfully put it, "take, like, fucking mushrooms, I don't think that would be a really fun experience, trippy as fuck, like having sex with an octopus or something like that. Acid, you might see something, you know what I mean?" (Vince, line 120). Most young men felt they would not be able to perform sex because they would be too distracted with hallucinations. Brian said, "I wouldn't recommend that at all" (line 249).

The come down. Coming down from a high off drugs was characterized as a time that could open up possibilities for sex. Any sex that occurred at this time was described almost exclusively in the context of an established relationship of sorts, whether a girlfriend or regular hook-up partner. Transitioning from an intoxicated state to a sober

state was a time when a couple might feel more intimate. Will explained that coming down from ecstasy,

> "It's ace if you've been out and had a good night, and you're kind of getting tired and then you're in bed with your girlfriend and it's great you still have that heightened sort of sensuality. It's a nice way to finish a night, you definitely feel very close at the time too, I like that a lot."
>
> (Will, line 160)

However, sex in the morning may be less emotionally charged without the empathetic effects of ecstasy: "There's always 6 hours earlier, totally making you feel totally crazy about this person and then in the morning that whole zone is gone" (Dillon, line 314).

Sobering up from ecstasy also allowed the body to return to normal functioning and perhaps, make up for the previous night's lack of sexual performance. Dillon described with a sense of relief, "And then your like there's the danger of things not working on E, but a few hours later everything is back to normal" (Dillon, line 314).

Participants described this transitioning time as one that felt intimate, and, while less sensational, perhaps more authentic. "The drug sex is really good, the drunk sex is, you know, messy … you're all over the place, and yeah, sober sex is probably the best, I think. You can't top that" (Dillon, line 312). Despite the excitement and pleasure associated with intoxicated sex, participants still claimed sober sex with a girl to whom they were emotionally connected to be the most meaningful and pleasurable experience.

To summarize, participants described complex but largely consistent relationships between sexual practices and intoxicants. Their descriptions revealed a shared knowledge of the effects of substances over the course of an event of intoxicated sex, suggesting a social organization of substance knowledge that informs intoxicated sexual behaviour. As described above, different types of intoxicants were associated with different sexual

experiences, and different masculine practices. Overall, participants explained that, regardless of the outcome of a sexual encounter, drugs and alcohol added novelty to the experience. As Justin said,

> "Sex is pretty damn fun most of the time, or all of the time, it is hard to bad sex…it does happen unfortunately. But drugs also make most mundane things a little bit more interesting, be that a personal experience or a sensation. All the drugs I've had have been good for sex… because both of them are fun and… hand in hand, go well together…"
>
> (Justin, line 93)

In this way, intoxicated sex was another peak experience in the matrix of the adventure of Whistler: both risky and pleasurable.

4. Risk and Pleasure

Participants identified lack of condom use as the predominant risk of intoxicated sex, suggesting that when intoxicated they would either forget or choose not to wear a condom, and risk an STI and/or an unwanted pregnancy. Many men referred Whistler as the "STD capital of the world" (Brad, line 390) and that a guy needed to be on guard against getting infected. Brian emphasized the importance of assessing the sexual health of a potential partner, "As good as it is to say, 'oh, I met this girl last night and took her home', its like 'Well, who was she and where does she live and do you know if she is clean?' kind of thing… there's definitely the STD risk…" (Brian, line 137). Pregnancy was a secondary concern but had further reaching consequences for men. Johnny's pregnancy scare with an ex-girlfriend forced him to consider the impact of an unwanted pregnancy on his life "I would have been committed to them, staying at home [England], and, like… ya, I just wouldn't have been able to deal with it" (Johnny, line 277). Since this event, he said he always used a condom, even when it meant running around town to get one when he did not have one handy.

While most participants claimed to use condoms every time, Dillon described that most guys, when they are intoxicated and in the heat of the moment, were more likely to be "thinking it's a good idea not to worry about condoms" (Dillon, line 168). In situations when a condom was not available, Dave believed a man was unlikely to forgo the opportunity to have sex if he was intoxicated: "if you're drunk, and you're both drunk and you wanna do it and you don't have a condom your chances are that you're probably still gonna do it cause you're drunk" (Dave, line 150). Will suggested that a guy might proceed with unprotected sex if he does not have a condom on hand to avoid the awkwardness of stopping the sexual interaction he had initiated: "if you've been out partying, had a great night, got a girl back to your place, amazing, you don't want to fall short then, so you're more likely to go ahead and have sex without any protection" (Will, line 102). Even if condoms were available, a guy was less likely to use a condom because intoxication interfered with his ability to be rational. Justin, one of the few who admitted to not using condoms on occasions of extreme intoxication, explained, "what would contribute to me [not wearing a condom when intoxicated?] oh, me being too drunk and stupid to put one on. And what would contribute to me wearing one? That's the way I'd do things, that's my general rule, like I said before, that's how I operate, I just wear one regardless no matter what she tells me and ya the only reason I wouldn't wear one is if I was too high or too drunk to think straight or make the rational logical responsible decision" (Justin, line 227).

Justin's comments further illustrate how some participants expressed contradictory beliefs about condoms and the effects of intoxication on safer sex behaviour. On the one hand, Justin claimed a safer sex ethic guided him at all times. Yet,

a "rational, logical, responsible decision" was displaced by the promise of sexual pleasure when he was intoxicated. Several participants, while claiming to always have protected sex, later shared experiences of exceptions to the rule, where momentary pleasure took precedence over possible consequences.

Even when men did engage in unprotected sex when intoxicated, men were less likely to worry about the risks than women. Luke observed that men were likely to put any concern out of their minds, "I think guys, you know, a lot of the time, they'll wake up in the morning and be 'Oh my god, I didn't wear a condom' and stuff and within an hour, they've probably forgotten about it… probably more concerned with their hangover than anything else" (Luke, lines 275-277). Participants said that, overall, intoxicated sex was riskier for women than men. According to Brad, women were at risk of sexual assault when they were intoxicated: "It's always more [risky] for girls than it is for guys… because [pause] like all of a sudden some girl's drunk and gets raped or something, then that's a definite risk" (Brad, lines 562-567). Sexual assault was not mentioned at all as a risk for men. Participants did not mention sexual assault at all when asked about risks for men. Only Patrick, as a gay man, was worried about predatory older men taking sexual advantage of intoxicated younger men. As Brad put it, sexual assault was "not really a risk [for guys], it's more of a bonus – yeah, I got raped [*enthusiastic voice*]" (Brad, lines 580-581).

Other risks of intoxicated sex that men did identify focused on feelings of regret. Regret would be incurred if a man slept with an unattractive girl, a girl who was a friend or a girl who wanted more of a relationship than the guy. However, like unsafe sex, regret for these kinds of experiences would be short lived for men, leaving no lasting

emotional scars. Most participants saw no emotional risks associated with intoxicated sex for guys:

> Researcher: "Are there any emotional risks for guys?"
> Alan: "No, not really."
> Researcher: "No?"
> Alan: "We're…[*laughter*]… no, we really don't care about that. No we don't."
> Researcher: No morning regrets… or the next day."
> Alan: "I guess there can be a little bit of that, but we get over it really quick. Well, I do."
>
> (Alan, lines 273-280)

Pleasure was discussed in terms of the dominant ideal of sex as a central drive for men. Brian put it bluntly, "Well, we're all horn dogs, we're all in it to win it" (line 113). Whether men individually believed themselves to be driven by their sexual needs, the ways in which men framed sexual pleasure suggested a social context of sexual expectations that men are expected to search for and garner sexual experiences, and that substance use is one way to expand one's pleasurable sexual repertoire.

The ways in which men described risks of intoxicated sex reinforced dominant discourses of sexual health that emphasize the dangers of STIs and unwanted pregnancies. Participants' descriptions of pleasure reinforced dominant ideas of masculine sexuality, that for men, all sex is good sex, and that men are always looking for sex and will take any opportunity to have sex. However, these dominant notions of risk and pleasure become problematized when played out in the participants' narratives of intoxicated sex. With this chapter's exploration of social contextual factors – setting, masculinities, substance use culture and notions of risk and pleasure – as background, the following chapter explores the themes of risk, regret, pleasure and sexual performance in the participants' narratives of intoxicated sex.

CHAPTER 6: Stories of Intoxicated Sex

One dimension of a narrative is the manner in which it is shared between teller and listener (Elliot, 2005). The performative nature of intoxicated sex stories was evident in the way the participants related their stories to the researcher. Some stories were told with a dramatic flair designed to elicit audience reaction through suspense and humour. Other stories were told with hesitation, reluctance to share detail, either out of shyness, embarrassment or respect for the specialness of a sexual connection. Based on observations in the interviews and the narrative analyses of the stories, two broad narrative categories were identified: public stories and private stories (see *table 5*). The following sections detail the genres identified with public and private stories, and explore the masculinities that young men draw upon to negotiate their social worlds.

1. Public Stories

Certain stories about intoxicated sex were intended, and indeed crafted, to be told in public. As Jake observed, "stories are like currency here, everybody sits around and tells their crazy stories" (Jake, line 96). The ritual of sharing intoxicated sex stories, according to Jake, was not necessarily about competing for the best story: it was about bonding with each other, "Like I say, they're stories, right? Um, it's not even like one-up-man-ship, it's not like, and 'I can beat that.' Something goes around and they share their stories and it's great, man, it's just a bonding session… It's almost like how you interact with people" (Jake, line 148). By telling and retelling stories to peers, participants demonstrated membership with the dominant masculinity of Whistler: proof of being a typical "Whistler guy". Public stories, then, are the dominant narratives of intoxicated sex in Whistler.

Table 5: Categorization of Stories of Intoxicated Sex

Public Stories		
Genre	***Intoxicated Sex Narratives***	
Black out stories	N05	Sure Thing
	N02	I can't really remember what she looked like
	N32	I don't remember fuck all but I had fun
Ugly girl stories	N14	You kinda lower your standards
	N27	I saw her later on the hill and she was horrible
	N34	Whoa she looked prettier last night
Messy drunk sex stories	N07	Right back, babe, after I puke
	N29	I honestly couldn't get my pants down
Glory Stories	N23	Three girls and 7 grams of coke
	N24	Booty call
	N06	Without putting too fine a point on it, she jumped me
	N26	Recently girls are just starting to pick me up
	N28	You've got game
	N35	I look for a glint in the eye
Private Stories		
Genre	***Intoxicated Sex Narratives***	
Good sex stories	N01	Ecstasy: a love story
	N18	A 10 out of 10 night
	N10	Vancouver Pride
	N09	With gay parties, there's always drugs at them
	N21	I last longer but I get kinda bored
	N17	We tend to do more stuff
	N08	Gotta be good. Can't lose this one
	N20	Romantic night with my girlfriend
	N30	I'm just too sensible and boring to go put myself all over town
Redemption stories	N13	Had to redeem myself in the morning
	N19	Same drug, different buzz
	N33	The spirit was willing but the flesh was nowhere near
Shouldn't have happened stories	N15	Oh fuck, what have I done?
	N16	She's a dangerous drunk
	N11	Older men they kind of prey on you
	N22	Oh why not?
	N25	She liked me and I liked her sister
Weird sex stories	N03	Some guys have $300 lying around
	N04	Spin the Bottle
	N12	Good nights/Bad nights
	N31	We decided to go the other route

Public stories had four identifiable genres : *black out stories*, *ugly girl stories*, *messy drunk sex stories* and *glory stories*. Narratives in the first three genres were told in such a way to generate suspense and laughter for the entertainment of friends. Narratives in the fourth genre, *glory stories,* were intended to impress friends with unique sexual adventures. Almost all stories involved excessive drinking, with the exception of Marty's story (N23) that centred on excessive cocaine use. The following sections describe each genre, to reveal themes of risk, regret, pleasure and performance.

Black out stories. *Black out stories* were defined by the inability of the participant to recall the sexual experience during a night of extreme intoxication. More than being unclear about the details of the night, the participant had no memory at all of the sexual part of the experience. Jake, an entertaining storyteller, shared an exemplary black out narrative in "Sure Thing" (N05) explaining that he had woken at 10:30 the morning after a night of excessive drinking to find a girl he knew in his bed. Confused, he had no idea how she came to be there.

> "I was just a mess [the night before] and I wake up the next morning, about 10:00 o'clock in the morning and this girl who I know is sleeping next to me and, what I said next, I'll remember till the day I die, I looked at her and I said, 'What are you doing here?' I didn't mean it like, … why are you still here or anything like that. I meant, 'Why, h-h-how…? I'm confused, you know, how did you get here, in this…?' She says, 'Don't you remember calling me?' And she'd come from her place, gotten out of bed, onto two busses to get to my place because I called her up and asked her over. … She was shocked at first but she found it funny and whatever. But after that, after she left, I got rid of her phone number… just to stop myself from doing it again. I'm not proud of it, but like I say, that was over a year ago now… like if someone told me that story I'd find it funny, Um, ya, it's just those stories are, I don't know, they seem to crop up."
>
> (Jake, N05, lines 90-95)

As Jake noted at the end of his story, blacking out after an intoxicated sexual encounter was considered humorous and common in Whistler. The narration was structured to emphasize Jake's surprise and confusion, and to guarantee a laugh from his audience at his predicament. Any indiscretions he may have committed were during the time he could not recall. In this way, Jake distanced himself from the motivations and actions of "*that* guy" he was the night before: "It's just, it's not me at all, I mean, I don't booty call… It's not my thing, I'll usually go and talk to a girl and get her number and do it the old fashioned way, you know?" (Jake, N05, line 102).

Jake expressed regret for his actions. However, his regret was token, rather than heart-felt. He was not as concerned about any hurt feelings he may have caused his sexual partner. Instead, he regretted caving into his sexual need. The story's title, "Sure Thing" (N05), was derived from Jake's admission that he knew from previous experiences that the girl would hook up if he asked her. Though Jake distanced himself from the kind of guy that called women for convenience sex, he revealed some motivation that led to him to just that. Because of some technical difficulties, Jake told his story twice. In the first telling (not digitally recorded), Jake emphasized that he was envious of his drinking buddy's hook up success with girls and figured that he called the girl out of a need to prove he could hook up when he wanted (fieldnotes, July 22, 2007). During the second telling, Jake downplayed his insecurities in relation to his friend but still implied his need prove his ability to get sex on demand:

> "And when you're drunk, you want sex, and that's just, they go hand in hand. You can either keep knockin', get knocked down 4 or 5 times a night or you have this one number. You say, 'I didn't pick up. I'm drunk and bored. What're you doin'?' you know?"
>
> (Jake, N05, line 116).

Rather than claiming responsibility for satisfying his urges and insecurities with a "booty call", Jake situated alcohol as transforming him from a guy with high sexual standards who held out for girls who are "high 9s or 10s" (Jake, line 246), into "*that* guy" who called up a girl in the middle of the night because he wanted sex. The black out disclaimer helped downplay any real connection to a guy who used women sexually for his own needs and was willing to lower his standards.

In two other *black out narratives* the participants, Brad and Justin, also did not express regret for their actions. In these two stories (N02; N32), the participants evaluated intoxicated sex events as pleasurable and normalized, despite not remembering what happened or with whom they had had sex. Brad explained how he felt the next day waking up with a girl he met at an outdoor party, "I don't know, I was kinda hung over. Nothing much comes to mind. Not like, yeah I can put another notch in my headboard kinda thing, but just that it was a pretty good night" (Brad, N02, line 712). Justin found it humorous that he was so intoxicated he did not discover that he had slept with a girl until two weeks after the event when a mutual friend figured it out for him. To him, this episode represented an awkward but funny start to a relationship with the girl he met that night. Blacking out was characterized as a time when participants engaged in behaviour atypical to their normal identities, but, overall, was considered relatively harmless, pleasurable, and made for a good story.

Ugly girl stories. In *ugly girl stories*, a guy takes home a girl whom he thinks is attractive when he is intoxicated, only to wake sober the next day and discover she is ugly. Justin captured the essence of the *ugly girl story*:

> "Um ya, there was one where… I woke up and 'Whoa, she looked prettier last night.' Of course, and that's happened to everyone, but other than that… I don't regret anything in life thus far, it's just a bunch of lessons to be learned."
>
> (Justin, N34, line 215)

Common across these stories was a less than flattering description of the girl. Johnny sheepishly admitted, "I wasn't really into her but she was really into me…. she wasn't very hot…" (Johnny, N14, line 169). Vince was more blunt: "Getting too fucking drunk and fucking some ugly bitch" (Vince, N27, line 254). This sort of callous judgment fits the stereotyped sexist man, a hyper-masculinity that protects men from any identification with feminine weakness. Using this kind of language gave the participant power to relegate the girl to "ugly" status and distance himself from her. That the participant used such extreme language to distance himself from the "ugly girl" suggested that she posed a threat to him.

Unflattering descriptions of the "ugly girl" implied this character had power to harm men's masculine status. Like the "witch" in fairytales, the "ugly girl" could turn the man into a "toad" by association with her lesser status. Both Johnny and Vince were embarrassed by their association with an ugly girl. Vince, seeing the girl the next day on the hill realized, not only was she "ugly" but "she was horrible" as a snowboarder (Vince, N27, line 278). To ensure he was not tainted by her inadequacies, he left her after one run together down the hill, reaffirming his superior athletic skills and prowess: "I don't like snowboarding with slow people, even my friends, I'll ditch them, I'll be like fuck you, I'm going to do the Blackcomb Glacier [expert terrain]" (Vince, N27, line 278).

To reassure themselves they were safe from any reputation damage, both participants noted the ubiquity of hooking up with "ugly girls" while intoxicated: "That's what happens. And uh, sure it's happened to many other people too" (Vince, N27, line

277). Rather than admitting they were attracted to ugly girls, participants blamed alcohol for their actions: "Alcohol does lowers your standards, like, everybody knows that" (Vince, N27, line 256). Johnny described how he passively "for some reason, …ended up at her house [even though he] didn't really want to be there… and … ended up in bed with her" (Johnny, N14, line 160). He cast her as the instigator, wanting and needing the sexual encounter, and himself as simply taking advantage of an easy opportunity, his standards lowered by his intoxicated state.

However, Johnny also claimed his intoxicated behaviour was partly a result of youthful ignorance he was now beyond: "I was doing stuff like that when I was 20 and I look back on it now and I'd be like wasn't really worth doing that" (Johnny, N14, line 190). Vince, on the other hand, accepted that sex does not come as easily to him as to older guys, perhaps leading to his willingness to sleep with anyone who would go home with him. Though Vince originally "had the hots for [the girl's] roommate" (Vince, N27, line 276), he ended up instead with the "ugly bitch" (Vince, N27, line 254), implying that he had to take what he could get rather than what he really desired.

Ironically, none of the men in the *ugly girl stories* acknowledged that it could be him on the other side of the "beer goggles"[8]. Only girls could be judged as ugly, and were thus afforded lower status and less sexual power in Whistler. Patrick observed that ugly girls were vulnerable to guys looking for just sex: "this sounds kind of horrible… but what I see is the girls who aren't as pretty and they're getting the guys because [the guys are] drunk, and they're like "ok, I'll take her' and [the girl thinks] 'oh I am so pretty

[8] Beer goggles is an expression used when an intoxicated person perceives a sexual partner to be attractive, though when he sobers up, finds the same person unattractive. It is used as an excuse for picking up an unattractive sex partner: e.g. "I was wearing beer goggles last night."

now.'" (Patrick, line 139). Only Marty, who identified as older and wiser at 31, noted that young men tended to forget they may be the "ugly guy" that pretty girls used for sex:

> "Guys tend to think that you know, she was wasted and she finally slept with me. Ya. You know what? It wasn't because she liked you the whole time and never said anything, she was drunk and wanted to have sex and you just happened to be there."
>
> (Marty, line 291)

Ugly girl stories highlighted how men objectified female sex partners as symbols of status. Part of shoring social status as a guy in Whistler was not only to have sex, but also to have sex with "hot girls" (Will, line 88). When men slept with women that posed a risk to their masculine reputation, men had the power to reframe the experience as an *ugly girl story* to entertain friends and bolster their identity as a typical Whistler guy.

> "It was just funny… the next day when I told everyone and we were on the floor just laughing about it and a lot of my friends had done similar things [and like me, thought] 'oh what am I doing?'"
>
> (Johnny, N14, line 192)

Messy drunk sex stories. Messy drunk sex stories glorified extreme intoxication for its entertainment value: "being too drunk is bad, but I don't know, most of the time it's just funny" (Dave, N07, line 190). Participants cast themselves as drunken fools to generate a laugh from peers. James told a story (N29) about having sex with a girl in the bedroom at a house party. He had just met her that night.

> "Ya, ya, I did [use a condom] but, geez, that was hilarious… it didn't really want to go on, and it made me fall over again because I […] it was just like, I never actually took my pants [off…] you're pants are still around your ankles and you're trying to fiddle around, you're trying to get it on and she's trying to help but yet she kind of pokes a hole through and […] so this takes nearly an hour."
>
> (James, N29, line 246)

James was embarrassed by his behaviour, but not because he was extremely intoxicated and having sex with a girl he did not know at a party, his friends in the next room. James was embarrassed by his inability to perform: "Well, it's just like when you're driving, how can you perform a 3 point turn or how can you perform a good driving skill if you're drunk? You can't. It's goddamn impossible, even if you know what you're doing, you're still slow and your body, um… you know, you can't control everything when you're drunk" (James, N29, line 232).

Dave also described feeling embarrassed because of the effects of excessive drinking on his bodily functioning. In Dave's story, he was forced to get up and vomit after sex with his girlfriend because heavy drinking had made him sick. Similar to James, Dave suggested that his embarrassment stemmed from the inability to perform and be a 'good' lover – to maintain his image of a man in control despite intoxication, "it's not very attractive… [my girlfriend] still makes fun of me" (Dave, N07, lines 186-188).

Both Dave and James distanced themselves from the character of the drunken fool each assumed in their stories. Dave excused his intoxicated behaviour by claiming, "I never really make an ass of myself so..." (Dave, N07, line 192). Because it was out of character for him, it was acceptable to have made this mistake. James pointed out that his experience happened about six years ago, when he had just turned 20 and it provided a learning opportunity for him: "that's when you think 'No, okay, don't really want to be like that'" (James, N29, line 232).

While both James and Dave imputed a moral judgment on their "bad" drunken behaviour, their function of their narratives was performance, i.e., to emphasize the

humour in acting out of control, and in this way, make this behaviour permissible. When Dave and James were unable to fulfil the skilled lover role, they turned the possible loss of masculinity into a gain by framing the foolishness in terms of risk: heavy drinking, having sex with an unknown woman at a party, falling over, throwing up. Dave's girlfriend further reinforced the acceptability of Dave's drunken foolishness with her affectionate teasing. These narratives demonstrated how men distanced themselves from looking foolish and out of control when highly intoxicated by emphasizing the humour and exceptionality of clumsy and awkward sex.

Glory Stories. *Glory stories* featured unique and pleasurable sexual experiences that happened under the influence of substances. The participant played a heroic role in a plot based on an adventure-style narrative. Typically, the participant described a fun, pleasurable, unexpected and novel sexual experience in which he provided unprecedented sexual pleasure to his female partner. While *glory stories* were intended for an audience, participants were selective about when these stories were told. If a man told these kinds of stories in a highly public way, his storytelling might be construed as bragging, therefore putting him in the realm of "*that* guy" who needed to show off his wild sexual conquests. More typically, these stories were told to smaller audiences in the context of sharing adventures: a process of one-up-manship would proceed from less extreme sexual stories to more outlandish ones. These narratives reinforced men's sexual image of risk-taker and provider of sexual pleasure for women. In a sense, glory stories were the stereotypical locker-room talk ascribed to men, but carefully related in contexts that did not place the storyteller at risk of being judged as trying too hard to prove himself as a stud.

Marty's story, "Three girls and 7 grams of coke" (N23), was a prototypical *glory story*. As he prefaced, "It was, you know, every guy's fantasy" (Marty, N23, line 145). On the last night before he was leaving on a trip, Marty's friends came over to his apartment in Staff Housing to say goodbye over a few drinks. As Marty described, one thing led to another:

> "I had what I thought maybe were a couple grams of cocaine, turns out to be more like 7. And we were just, kept doing lines and… probably about an hour after it started, there was just the four of us left and … everybody's very open and so we started to play strip poker, so the camera came out again and two of the girls started making out and one of the other girls came and was taking photos while sitting on my lap and then she and I were making out and then it just basically happened from there. Yeah, just doing lines off body parts and it was… I wasn't going to say no, and it just happened to be one of those things that just happened. It was nothing planned, there's nothing talked about, it kinda just happened."
>
> (Marty, N23, lines 153-154)

Marty described the way cocaine enhanced the experience: "I think it amplifies feelings and restricts hesitation… everyone gets such an energy level and everything just spikes in the amount of excitement… if everyone is happy and loving and there's a very good vibe in the room and if you're doing more cocaine, it will just accentuate that" (Marty, N23, line 164). The pleasure of the intoxicated sexual experience was derived from the excitement of living on the edges of control, of being caught up in the moment: "It's like a surreal moment where you're looking from the ceiling down and you're looking at our life, going, 'is this really happening to me?'… you don't think, you just react and do what's naturally comes to you without… I've never been much of a think something through kind of person" (Marty, N23, line 166). More than sensual pleasure, Marty emphasized sexual performance as his role in the action. According to Marty, because the girls had snorted cocaine off his penis, his penis was numbed to stimulation. As a result,

he did not orgasm but gave all three women orgasms: "[It gave me] longevity… I didn't finish but I'm pretty sure all of them did" (Marty, N23, line 186). As provider of excessive amounts cocaine, Marty positioned himself as facilitator of this extreme sexual adventure, while the girls gave permission for the ultimate male fantasy by initiating the sexual action by making out in front of him. While individuals in this narrative may have personally experienced pleasure, the story itself reinforced traditional pornographic scripts that prescribe images of sexual performance over authentic sexual pleasure: studly men with the phallic power to satisfy several lustful women. Moreover, Marty's story played on the popular culture iconography of pimps, with excessive amounts of cocaine and a bevy of whores as symbols of hyper-masculinity[9]. An element of this story's entertainment value was predicated on Marty's ability to temporarily inhabit the power of this outlaw image in contrast to his identity as a white, middle class, ski bum. In this sense, glory stories provided a vehicle for relating intoxicated sex adventures that pushed the norms of sexual and intoxicated experience and featured men as sexual heroes, yet maintained the underlying dominant narratives of hyper-masculine sexuality.

2. Private Stories

Some of the intoxicated sex stories were not to be shared publicly, but told to select few, friends or confidantes who could be trusted to be non-judgmental. These private stories were about experiences less certain to meet with social approval, and/or deemed 'private' by virtue of the intimate details of sexual interactions. Narrative plots were less predicable and participants' actions more difficult to characterize as simply

[9] Pimp imagery also has a racist component; however, the racist aspect of this imagery within this story and its relation to Whistler masculinities will not be explored in this thesis.

comedic or heroic. Private stories demonstrated intoxicated sex experiences that did not fit with the dominant narratives identified in public stories. These stories demonstrated participants' struggles to locate their experiences of pleasure and risk-taking within ideals of masculinities. The following sections detail four genres of private stories: *good sex stories*, *redemption stories*, *shouldn't have happened stories* and *weird sex stories*:

Good sex stories. *Good sex stories* were loosely connected by a common theme of sexual pleasure. Pleasurable intoxicated sex was characterized as a non-reflexive activity. When asked what it meant to him to have pleasurable intoxicated sex, Eric replied, "Um, I don't know, I haven't really thought about it" (Eric, N20, line 242). Unlike regret, pleasure was much more difficult for participants to talk about in detail. Most participants struggled to describe sexual pleasure in detail and shied away from graphic descriptions of sex. For example, Johnny gave general impressions of his experience but evaded specific details when questioned by the researcher:

> Johnny: We stayed in the hot tub and then we went back to mine [his bedroom] and yeah, things got a bit freaky[10] and that
>
> Researcher: Freaky? Come on… dish…
>
> Johnny: No, we had sex and stuff and then…
>
> Researcher: What do you mean freaky, though, like was it… like, what did you do… sort of…?
>
> Johnny: No, we just had sex.
>
> Researcher: Oh, okay, but it wasn't…
>
> Johnny: "It was pretty rad actually."
>
> (Johnny, N13, lines 119-127)

Drugs and alcohol were described as enhancing pleasure, but unlike public stories that featured extreme intoxication and foolish, regrettable behaviour, substances were not

[10] 'freaky' is a slang term that refers to sex that is notably adventurous, kinky or generally athletic.

charged with inducing participants' actions. Participants typically claimed more agency in pleasurable experiences, and that substances were one aspect of a pleasurable situation. Some stories emphasized moderation of substance use to ensure pleasure was not marred by extreme intoxication. For example, Dave had only a few drinks the first night he and his new girlfriend slept together because he wanted to ensure he was at his best, "I had a couple of drinks, 'cause, yeah, 'I gotta be good… can't lose this one', so ya, I didn't get drunk" (Dave, N08, line207).

In *good sex stories*, relationships and connection to partners were intertwined with the pleasures of intoxication and sex. Sex under the influence of alcohol with a trusted partner was considered better than sex with a casual or unknown partner. Brian liked the fact that he knew what his girlfriend liked and "when we get drunk we tend to do more stuff, like… get a little more over the top kind of thing… I am totally about having a girlfriend because the sex just gets better" (Brian, N17, line 217). When he was with a girl on a one-night stand, he was less certain about how to please her, " like… who is this person in my bed right now? And what does she like? I don't know" (Brian, N17, line 217). Eric told a story about the previous night with his girlfriend. Being only mildly intoxicated rather than "hammered", he said sex with his girlfriend was more intimate and romantic: "I guess I felt more in touch with her last night… more real, whereas on the drugs I think I thought I felt closer to her, where as last night I probably was" (Eric, N20, line 244). Eric and Brian both suggested that good intoxicated sex had an element of authentic, loving, sexual connection. Substances, while perhaps facilitating sexual activity, were characterized as part of the pleasurable experience, but not as responsible for intoxicated behaviour, as emphasized in the public stories.

Good sex stories involving ecstasy were good examples of how intoxication blended the pleasures of sex, sensuality, emotional connection and new adventures. Luke's narrative, "Ecstasy: A love story" (N01) provided a detailed account of an experience of sex under the influence of ecstasy. The story began with Luke and some friends leaving a bar after a few drinks to go to an outdoor DJ party[11]. As they walked down the trail towards the thumping music, one of the girls, his roommate, offered him a pill of ecstasy. Luke decided to take it, "I was 'okay, why not?'... if she is doing it, I'll do it as well, 'cause, I really did like her at this point, and I wanted to experience what she was experiencing" (Luke, N01, line 32). Luke and the girl each took a few pills and wandered around the party talking to others. Later, they met back up and sat by the river, cuddling and talking intimately about their lives:

> "As the night wore on, and it was just the influence of whatever, we kind of, um, got really quite intimate with each other, and it was, um, we ended up, I mean we were there all night and [then] we came back [to our staff housing apartment]. We ended up having sex, and like, that whole night, and the experience after it was just like nothing I'd ever experienced before. Just kind of heightened intensity and I never connected that much with another human being, Um, I'd never connected that much with a girl, I'd never experienced anything like that."
>
> (Luke, N01, lines 8-9)

Luke's story typified how ecstasy broke down everyday social barriers to facilitate a unique connection between two individuals and their surrounding environment. He and the girl were both struck by the "perfect setting...it was just a clearing in a forest and

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[11] Outdoor parties in Whistler were organized on a regular basis over the summer months and were renowned for their positive, alcohol free environment for dancing and socializing. Parties involved a schedule of DJs playing dance music from approximately 11PM to 7AM. The dance floor was lit by flashing lights and refreshments of water and snacks were usually available. Many people attending such parties would most likely be consuming drugs such as ecstasy, cocaine, pot, mushrooms and/or LSD. Though not called "raves", this kind of party would typify rave culture.

like, 30 feet away from a river with fresh water… and I guess this was just a little bit special, you know, people are kind of freed of their inhibitions a little bit if they're out in the middle of the forest..." (Luke, N01, lines 61-66). The beauty of the night and the intensity of the experience extended from the setting of the party to the setting of the bedroom, "the setting was perfect there and it just kind of carried us over to coming back here " (Luke, N01, lines 116-118).

Luke compared his experience in this outdoor party setting under the influence of ecstasy to bars, nightclubs and drinking alcohol. "It was better than being in a smoky club or what ever, you know, like a meat market we would call it back home" (Luke, N01, line 64). He then extended the contrast between bar culture to this outdoor party to how he identified before this experience, and how he felt afterwards. At the beginning of the night, he was reluctant to go to the party too soon because there would be no alcohol there. After his experience with ecstasy, he said "it opened my eyes, I don't need to go out and drink to have a good time" (Luke, N01, line 20). He identified as a guy who was more open to emotional connection than a casual sexual pick up typical of 'meat-market' bars. "I think maybe a lot of guys are scared about getting into relationships, guilt, commitment thing, or whatever… I was a little hesitant at first, but then it was just such a strong feeling, yeah, it was just, like, just roll with it, you know, why try and suppress it?" (Luke, N01, line 103). The personal change Luke identified suggested that ecstasy gave him permission to experience a new masculine identity. He distinguished himself from other men who "will not touch any other drug, will not do anything but drink" (Luke, N01, line 145) and his previous persona as a "kinda a cold person" (Luke, N01,

line 134) and instead aligned himself with a masculinity that did not shy from emotional connection and intimacy with a female sexual partner.

In Luke's story, intoxication from ecstasy was described in terms of its effects on his perceptions of the setting more so than its effects on his behaviour. In a sense, Luke described entering into a new setting once he and the girl were high: the energy of the "perfect" setting extended from the "positive atmosphere" (Luke, N01, line 76) of the party, to the intimacy of the riverbank, back home to the bedroom. Moreover, Luke felt his experience with the party, the girl and the ecstasy brought a significant change in his masculine identity. While not all good sex stories were such dramatic experiences, Luke's story suggested that pleasure derived from intoxicants extended beyond an individual's temporary experiences of sensory pleasure, and encapsulated the context of relationships, connection to the moment, and personal growth.

Redemption stories. *Redemption stories* included narratives about substance-induced impotence and subsequent recovery of sexual functioning when sober. Emphasizing pleasurable sexual experiences, *redemption narratives* described sexual events in which the pleasure was interrupted when the participant was unable to achieve an erection because intoxication affected his performance. But unlike *messy drunk sex stories,* participants did not find humour in an inability to perform sexually. After prompting from the interviewer, Johnny disclosed an underlying sense of embarrassment:

> Researcher: Yeah, and did it affect performance or anything like that?
>
> Johnny Yeah, certainly affected performance especially when the first time, I was way too drunk, that's why I had to redeem myself in the morning [*laughter*].
>
> (Johnny, N13, lines 144-145)

Justin's story, "The spirit was willing but the flesh was nowhere near" (N33), demonstrated how participants typically framed temporary drug-induced impotence. Justin described an event that happened during "Australia Day", a day-long celebration in January when "the whole town goes stupid at about 7:30 in the morning" (Justin, N33, line 159). At about 4PM in the afternoon, Justin realized he had been drinking "since before breakfast, and I was about to fall over, [so I] took a pill and then took another one, and then 5 more later" (Justin, N33, line 161). His girlfriend was similarly intoxicated and the two continued to party in the crowded bar for another few hours. At some point as they danced together, they decided it was time to go home, "and it's just like dancing, and she's a good dancer, and I'm a good dancer and you can feel each other's bodies and you're a little bit drunk and the mind starts to wander and it's, 'yeah, we should get out of here pretty soon'" (Justin, N33, line 179). When they arrived home,

> "...the clothes came off and I swear to god, I was trying but the spirit was willing and the flesh was no where near in any way able to cope, so never happened... we were just fucked off 'cause not much you can do... so just kind of like just kept making out and fooling around and did that till we fell asleep... woke up in the morning and did things properly."
>
> (Justin, N33, lines 181-183)

Contrary to dominant masculine ideals that inhibit self-disclosures about an inability to perform for fear of being judged as less virile and manly, participants acknowledged substance-related impotence "sometimes does happen." (Johnny, N13, line 145). When Dillon was unable to achieve an erection after taking ecstasy, he said the girl "knew why and what, 'cause yeah, I was absolutely definitely attracted to her last time, perfect, but it was like completely different buzz, like same drug, different buzz" (Dillon, N19, line 286). So while substance-related impotence was not publicly admitted and was

perhaps a little embarrassing, *redemption stories* suggested that men's inability to perform sexually was common enough and implicitly understood to be a risk of intoxicated sex.

To deal with sexual frustration, couples negotiated alternative sexual activity that was pleasurable, albeit not considered "proper" sex. As Justin said, he and his partner had to wait till he recovered his erectile functioning to have penetrative sex, suggesting the sexual activities previously while pleasurable, were not ultimately satisfying. That participants characterized sexual activity the night before as incomplete reinforced the heterosexist and phallo-centric constructions of sexual activity as erection, penetration and climax. While dominant masculinity assumes men pursue only their own sexual satisfaction, data suggested young men may be just as concerned with performing well for the pleasure and approval of female partners. Johnny implied he did not want the girl to leave with a poor impression of his sexual skills: "The first time, I was way too drunk, that's why I had to redeem myself in the morning. [*laughter*]" (Johnny, N13, line 145). Redemption has two meanings in Johnny's reference: one, that he needed to transition the sexual experience from bad to good; and two, he needed to affirm his worthiness as a sexual partner. Both definitions emphasize the underlying need for a man to embody the masculine ideal of a skilled lover despite temporarily 'failing' the night before.

For Dillon, his need to "redeem" himself in the morning may have led to unprotected sex:

> Researcher: "Did you use a condom with this girl?"
>
> Dillon: "First time yes, second time no, which was a bad idea, but that's the way it happens [...] I guess we both wanted to make up for lost time, I guess, and we really should have thought about it..."
>
> (Dillon, N19, lines 343-350)

Dillon might have forgone the use of condoms for fear of interrupting the moment and losing his erection. At the very least, he and his partner felt an urgency to remedy the previous night that pre-empted their choice to use protection. Dillon's story suggested that redemptive sex might be a particularly risky trigger for privileging pleasure over protection.

In redemption stories, intoxicants were charged with failures to perform sexually. While intoxicants could enhance sexual pleasure, in these stories intoxicants were characterized as inhibitors of sexual performance. Men described intoxicants as taking control over their genitals: "its not a dud pill, but one of the ones that affects the wrong area, too much or not enough, yeah." (Dillon, line 288). Once the high or drunk subsided, men were able to regain control of their bodies and provide sexual pleasure to their partner, fulfilling their role as skilled lover.

Shouldn't have happened stories. In *shouldn't have happened stories*, participants expressed genuine regret for an episode of intoxicated sex. In contrast to public stories in which regrettable intoxicated sex was turned into humorous entertainment, *shouldn't have happened stories* were characterized by regret that had longer-term consequences and actions that were less socially acceptable than blacking out or sleeping with ugly girls. Brian's story, "She's a dangerous drunk" (N16) provided a good example of this genre. Brian explained that for the past month he had been sleeping with his friend's ex-girlfriend every time they got drunk together:

> "There was just a bunch of us drinking and we're all good friends and… we end up leaving and she kind of walks with us, like, I don't know, it's happened a few times. She'll just come home with us, I don't' know if she just didn't want to go home, or to walk home alone… and then she just ends up crashing. I don't know, it's getting kind of complicated now with her 'cause there might be some

> emotional attachment, like a lot. So it's making it very difficult… I'm not so attached. One night she even went home… [and then] messaged me 'Can I sleep at your place tonight?' I was, 'you are more than welcome'. I guess she was depressed or something and … we ended up sleeping together. It's getting more difficult because it's my friend's ex and I didn't want anything to do with it. My roommate…[confronted me] 'Man, what are you doing?' and I'm like 'I don't know. I don't want this to happen, it's already happened'. Another hole that I'm digging myself so to speak."
>
> (Brian, N16, lines 196-211)

Brian was "confused about what would be the right thing [to do]" (Brian, N16, line 218). He described himself as caught in the dilemma of "thinking with your **head** or thinking with your head" (line 221). On the one hand, he was concerned about betraying his friend and hurting the girl's feelings and yet, he was powerless to resist the sexual opportunity. Recognizing the inequity of their feelings, he questioned whether it would be ethical to "just tell her to piss off, like not so boldly, but like we shouldn't do this kind of thing, or would it be right for me to carry this on and maybe hurt her worse… Eventually she's going to get hurt" (Brian, N16, lines 218-220). But his reluctance to follow through with a more honest relationship with the girl appeared to have more to do with his apprehension of betraying an implicit understanding among male friends: "like I said, with a friend's ex… and that's terrible" (Brian, N16, line 188).

Brian partially resolved his dilemma in his narrative by normalizing his actions as typical of masculine sexuality: "I feel like a scumbag when I think about that but then I don't know, I think, like, what would any other guy do? And I think, they'd pretty much… they'd do the same thing" (Brian, N16, line 215). In this way, Brian aligned himself with "that guy" who caved to his sexual drive whenever sex was available: "so we end up sharing a bed… but the bed is like maybe as big as this desk; so it's pretty

much like spooning and then it just kinda turns into making out and then fooling around and then like sex" (Brian, N16, line 192). But to alleviate himself from responsibility for any harm he may have caused, he blamed the alcohol: "yeah, it's like [alcohol] made everything… every time we hook up, we're drunk" (Brian, N16, line 212). Moreover, Brian situated the girl as the cause of the unwanted situation, "she's a dangerous drunk from my perspective… she'll drink to keep up kind of thing and then you'll pretty much have to take care of her the rest of the night… some people really need somebody else to watch out for them, like they're a little more dependent, I guess…" (Brian, N16, lines 214-217). Ironically, Brian saw himself as saving her from the kind of predatory guy that would take advantage of a drunken girl. His narrative allowed him to maintain denial of his potential to cause harm and position himself as her protector: "somebody has to be watching her to make sure she gets home" (Brian, N16, line 217).

Brian's story demonstrated identity strategies employed to cope with an ambivalent sexual experience. Brian simultaneously identified with "that guy" who gave into his sexual drive and distanced himself as "not that guy" by claiming to care about the girl, his friend and the potential to cause emotional hurt. Brian's story suggested that a cohesive narrative logic was difficult to maintain when a man was uncertain about the ethics of his actions. Brian identified the risks in this situation, losing his friend, and hurting the girl's feelings, but he denied any risk to himself. Similar across *shouldn't have happened stories,* participants regretted harm they caused others, but denied emotional hurt themselves. In this way, men reinforced a dominant masculinity that denies emotion or hurt in the context of a relationship. Men typically cast themselves as

impervious to harm, while women were characterized as emotionally crushed at the loss of a potential romance.

Only Patrick identified intoxicated sex as potentially dangerous. In his story, "Older men, they kind of prey on you" (N11), Patrick acknowledged the dangers for young men in clubs where older men were looking for sex with attractive guys. He described a night where he attended a party, got highly intoxicated on alcohol, cocaine and ecstasy, and hooked up with an attractive young man. However, he woke the next morning with the young guy and the older host of the party. Fearing unprotected sex, Patrick asked, "'Did you spear me?' [anal penetration without a condom]. Thank god he said he didn't … but who knows?" (Patrick, N11, line 255). Patrick similarly normalized his experience of intoxicated sex as a result of libido, though his narrative is one of victimization rather than causing harm. Patrick saw himself as partly to blame for what was essentially a sexual assault: "you have to do it in moderation [get intoxicated], like don't let it get out of control because, bad things can happen… it took me a while to learn" (Patrick, N11, lines 256-257). The contrast between the heterosexual men's stories and the gay man's stories revealed differing relationships to risk and responsibility for behaviour while intoxicated. In the heterosexual narratives, intoxicated sex was not risky emotionally or physically to the man and participants blamed intoxication for their socially undesirable behaviour.

Weird sex stories. The genre of *weird sex stories* included narratives that professed to be pleasurable sexual experiences but upon further exploration, were complicated with less definitive evaluations. W*eird sex stories* were underlined by assumptions that guys always want sex and that sex is always pleasurable. Yet,

participants' experiences of intoxicated sex defied these dominant ideals of masculine sexuality. Likewise, risk was similarly problematized in this narrative genre. Participants' beliefs that men did not assume any emotional or physical risks when engaging in intoxicated sex were challenged. Any regrets were not easily acknowledged within the rubric of dominant masculinities. Consequently, stories were presented in ambivalent or inconsistent ways or suggested elements of the experience were still unresolved for the participant.

Darren's night out (N03) was a prototypical *weird sex story*. Darren, who had graduated from a professional degree, had come to Whistler to mountain bike and to take a break before returning home to start his career. As described in Chapter 5, Darren felt like an outsider in Whistler and that he failed to measure up to the "Whistler guy" standards. Darren admitted to drinking a lot more since he had been in Whistler as it helped him feel more comfortable and confident when he went out. He had made some friends during his month long stay and described a night that a group of them went to a dance club in the Village.

> "It's kind of embarrassing but yeah, I just got absolutely destroyed and I was at some bar or some damn club thing or whatever you call it and it was closing or I left at like 2[AM] and I was walking outside and I was really drunk and walking around. There were these two girls that ended up being professionals [sex workers] so they were like standing by the [taxi loop] waiting for a cab or some crap and I'm like, 'hey' and like oh, what, they were immediately like touching me and stuff like that, and I was like this is amazing and I didn't realize what was going on until we were at my place and then they were like 'Do you have any money?' I was like, 'no' and by then I was like 'I should just do it' and so I gave them the money."
>
> (Darren, N03, line 257)

From Darren's first description of his experience, it would be easy to categorize his story as a *glory story*, fit for public consumption. It was a unique sexual adventure that fit the male fantasy of having sex with two attractive prostitutes. It is a story that would identify him with ideals of Whistler guy masculinity had he told it to his friends in Whistler. However, Darren did not classify his story as a "war story"(line 335). He had told no one of his experience other than some close friends from home and the interviewer in the context of being anonymous. Instead, Darren characterized his experience as embarrassing and potentially shameful, and yet also positive. Darren summarized, "like the next day, I didn't feel bad about it, but I still didn't tell my friends [in Whistler] about it, you know because it's still kind of… its almost, it's kind of taboo, but more so in other places than here" (Darren, line 335).

Darren's contradictory summation stemmed from his ambivalence about paying for sex. He described the sex as "pretty awesome" (Darren, N03, line 259) and a welcome relief from his three-year "dry spell" (line 321): "I guess in some technical way it did like relieve a lot of tension" (line 321). But he continued, " it kind of didn't break the dry spell because what I think that means is… that sense of accomplishment where… you feel satisfied and good about yourself … and that didn't give me any of that because I didn't earn it" (line 323). In Darren's conceptualization, he equated true sexual satisfaction with the ability to attract a sexual partner who is attracted to him. Darren described sex as "accomplishment" that a man earns through merit and skill, a metaphor that minimizes emotional connection. When asked how this experience made him feel as a man, Darren replied, "It's not validating in any way, the money totally removes that sense from it. It's just like a really cool thing that happened…. It's really just completely

sex… it's not like love… I get no satisfaction from it, it was just a good time, and that's all it was" (Darren, N03, line 343). Within the framework of sex as achievement, it was difficult for Darren to fully own the pleasure he got from the experience as it lacked a validation of his masculinity. However, he attempted to reclaim a "romantic" element to the experience by noting that one of the women kissed him before they left. The kiss was interpreted as a sign that he was special in some way as, "they usually don't do that, or, that what the TV says, but they hadn't before that at all and so she kind of leaned over and kissed me" (Darren, N03, line 307).

Simplifying his evaluation of the intoxicated sexual experience as "a lot of fun" (Darren, N03, line 305), Darren minimized the risks he took that night. Consistently across all stories of intoxicated sex, participants did not mention risks of harm as a result of extreme intoxication: similarly Darren did not question the risks of being "destroyed" (Darren, N03, line 257). Darren suggested the highly competitive sexual environment among men in Whistler prompted him to drink heavily to improve his chances of hooking up. Drawing a parallel between casual sex and gambling, Darren explained, "it's just the way it is…you just kind of move on to the next one [girl], it's just a numbers game anyways" (Darren, N03, line2667). Ascribing to the idea that alcohol improved a person's chances of finding sex, Darren drank heavily throughout the night. As he put it, he "wanted to find anything at that point" (line 263). Alcohol increased his odds by increasing his confidence to approach more women. Risk was defined as opening himself up to sexual rejection and social embarrassment, rather than vulnerability to physical harm.

Because men did not perceive women as a sexual threat, Darren saw no risks going home highly intoxicated with two women he did not know. Darren was easily overwhelmed and distracted by the women's sexual attention at the taxi loop, and consumed by the opportunity to be taken home by two attractive girls, " both blonde… [and] really, really good looking" (line 285). However, once he arrived back at his place, Darren realized he was in a potentially dangerous situation. When the women asked if he has any money, Darren feared for his life: "I ended up talking really weird with them for almost an hour, and like, I think at one point, I was so drunk and so like weirded out by the situation, I asked them to not kill me and just take my stuff." (Darren, N03, line 299). Finally, after an hour, realizing he was not in danger, Darren decided to go through with the deal. At this point, his narrative of powerlessness changed to one of agency, albeit limited by his lower status of having to pay for it. He offered this explanation for his decision to pay for sex, "Some guys are hot and some guys are charming and some happen to have $300 lying around, so whatever" (Darren, N03, line 319). In this way, Darren permitted himself to pay for sex because he self-identified as a man with limited access to 'legitimate' sex, sex that is earned by masculine achievement.

If the genders in this narrative were reversed, a drunken girl was taken home by two men who asked for $300 for sex, the risk of harm would be obvious (arguably, even if the woman wanted sex). But, despite Darren's own admission of vulnerability, it is challenging to analyse this narrative as one of victimization. Narratives of female sex workers[12] and male 'johns' encourage a reading that interprets Darren as a sexual

[12] This comment in no way intends to deny the reality of women's exploitation in the sex trade. It is recognized that narratives of exploitation are typically female gendered because of the realities of gender inequities that put women at risk for sexual exploitation. The purpose of the gender reversal is to complicate simplified victim/oppressor power dynamics.

exploiter of women with limited economic options. However, an alternate interpretation puts Darren in the role of "mark", an easy target from whom the two women can extort money. The point is not that one interpretation is more accurate than the other, but that Darren's experience does not fit easily into either. Without an alignment to a dominant, socially recognizable narrative, men may reshape their stories to fit with expected plots. As a result, the nuances of masculine experiences are submerged beneath simpler storylines, and dominant masculinities are reproduced.

Alan's story similarly challenged gender assumptions that underpin dominant narratives of intoxicated sex. Alan described a party where the guests got drunk and played drinking games of 'spin the bottle' and 'truth or dare'. In the game, Alan admitted to having had sex only once in Whistler. At the end of the night a girl at a party invited Alan to have sex with her, making it a "second" for him. But he described the experience as less than pleasurable: " I didn't get really too much enjoyment out of it. I just wanted to have sex because I hadn't had sex in a while" (Alan, N04, line 322). Alan intimated that he was not entirely comfortable with sex in general: "normally I think that sex is a bit dirty but when I'm drunk, I don't care" (Alan, N04, line 326). One interpretation might be that Alan felt pressured to have sex because he had only had sex "once" in Whistler. Because it does not fit with dominant ideals of masculine sexuality, Alan ignored his reticence to have sex, and used alcohol to cope with the dissonance between his feelings and his beliefs about masculinity. Alan was not coerced into sex, but his experience raises questions about how men make sense of ambivalently pleasurable sexual experiences.

Weird sex stories highlight gendered assumptions about sex and lead to questions about the risks men take to negotiate masculine identities. In particular, men who

experienced limited access to the privileges afforded by dominant masculinities – such as Darren and Alan – were under pressure to take greater sexual risks to fulfill those ideals. A competitive sexual environment and pressure to prove masculinity provided an incentive for men to engage in excessive drinking and drug use. At the same time, intoxicants blurred the ambivalent feelings men experienced about the intoxicated sex they had. *Weird sex stories* do not fit the traditional masculine narratives and leave men few options by which to make meaning of complex sexual experiences.

Chapter 7: Discussion

The epidemiologic literature clearly shows that sex, substance use and poor sexual health outcomes are associated with each other. In light of increasing STI rates among young people, it is important to identify strategies to interrupt this trend. However, locating the multitude of variables associated with health outcomes of intoxicated sex is not enough. As the theoretical literature suggests, insights into social contextual factors that surround intoxicated sex are needed to improve sexual health. This importance of context is echoed in emerging epidemiologic studies demonstrating that relationships between variables in this area vary considerably, depending on a wide range of methodological and substantive variables (e.g., how and when intoxicated sex outcomes are measured; type of interpersonal relationship at stake, and so on). Gender is a significant determinant of men's health (Frank et al, 2007), and yet a gender-based analysis has rarely been applied to understand the role masculinities play in intoxicated sexual risk practices. Moreover, creating lasting and meaningful changes in health for men and women demands a social determinants approach to health promotion, and promoting gender equity requires investigation into men's experiences.

This research project is an initial exploration of the ways in which social contextual factors structure young men's choices regarding risky practices, specifically intoxicated sex. Conducted in a mountain resort town, Whistler, BC, this study investigated how men understood and made meaning of their experiences of sex under the influence of drugs and alcohol. Using theories of masculinities, normalized drug culture, and risk and pleasure to guide the inquiry, 16 young men between the ages of 19 and 31 were recruited and interviewed about their knowledge of the local cultures and

personal experiences of intoxicated sex. Results from a screening survey, were used to purposively recruit participants for the study on the basis of substance use patterns, age, length of stay in Whistler, and willingness to discuss an event of intoxicated sex that had occurred while in Whistler. The sample included 15 heterosexual men, and one gay man, permitting an opportunity to explore how sexual orientation intersects with gender and intoxicated sex. Individual interviews collected two types of data: descriptive and narrative. Thematic and narrative data analyses yielded 11 major themes related to social knowledge and local customs in relation to the study setting, and 35 stories of intoxicated sex, respectively. The study design and sampling afforded a much needed exploration of younger men's masculinities, and contextual views about how gender intersects with health practices. This is both innovative and important to the men and masculinities literature because it a) empirically locates younger men within the masculinities and men's health literature, and b) clearly describes multiple masculine identities and varying particularities of local dominant masculine ideals (Connell & Messerschmidt, 2005).

Chapters 4 and 5 presented findings from the screening survey and descriptive data. Simple profiles that summarized the participants' substance use patterns and attitudes documented this sample's identification with a normalized drug culture in Whistler. Participants described alcohol, cannabis, club drugs and hallucinogens as the most commonly used recreational substances. Moreover, different preferences and ideologies about drug use suggested that participants identified with various drug using sub-cultures. For example, some men eschewed any drugs other than drinking but frequently binged on alcohol, while others considered themselves experienced but moderate poly-substance users, and several preferred cannabis over "chemical" drugs

such as ecstasy or cocaine. Regardless of drug preferences, all participants described substance use as an integral part of Whistler social life and intoxicated sex as a natural extension of that fact.

Social Knowledge about Intoxicated Sex

Connections described between sex and intoxicants revealed a shared conception of social pharmacology structured around men's social practices required to access sexual opportunities: meeting potential partners, the pick up, the sex and the come down. Substance use was discussed in terms of how drugs and alcohol facilitated or inhibited a typical night of intoxicated sex. Generally understood to "disinhibit" behaviour, intoxicants increased confidence and removed barriers to sex by lowering a man's sexual standards and rendering women more sexually available. Some substances also increased sexual pleasure, improved sexual performance, and facilitated emotional intimacy with a partner. These findings conceptually replicate Measham's study (2002) investigating women's drug taking as gendered performances, except that the present findings reveal the relationships between masculinities and substance use. For example, when men used ecstasy, they were able to express more emotional intimacy with women, not just as sexual partners, but as friends. Men who used cocaine were respected for its symbolic masculine power of wealth but were considered manipulative, offering women free drugs for sex.

These findings suggest that men's drug consuming choices may be in part structured by knowledge of masculinities and their relationships to social pharmacology. As described in Chapter 5, participants identified a dominant local masculinity, the "Whistler guy" who blended confidence, brashness, independence, and sociability. How

men complied with, contested and/or contradicted this dominant ideal defined an unsuccessful masculinity; men who tried too hard to embody this ideal were aligned with another masculine social concept, "*that* guy". While considered a parody of the iconic "Whistler guy", this less ideal masculinity embodied many of the traits young men described in relation to extreme intoxication: desperate for sex, boorish, unable to moderate his substance use appropriately, unintelligent, and willing to hit on any girl. Opportunities to assume the gendered practices associated with different substances may provide men with the 'tools' to access sex. In other words, the 'disinhibiting' effects ascribed to alcohol, for example, allowed some men in this sample to temporarily embody "*that* guy" and increase chances of sex, while at the same time maintaining a distance from failing to live up to that ideal by claiming poor choice and outcomes on their intoxication. By the same token, other substances such as ecstasy permitted men to experience and share intimacy with sexual partners – a social practice considered less than manly under sober conditions. Identifying "intoxicated masculinities" in future research may be fruitful for describing patterns of practices that men assume within the context of different substances and their related social pharmacology.

Narrative Accounts of Intoxicated Sex

With a background of social contextual factors established in chapter 5, intoxicated sex narratives were introduced in Chapter 6. An analysis revealed two sets of narrative genres based on the performative aspects of intoxicated sex stories: public stories and private stories. The four subgenres of public stories identified in this study – *black out stories*, *ugly girl stories*, *messy drunk sex stories*, and *glory stories* – were characterized by comedic and heroic actions intended to entertain listeners with tales of

extreme inebriation and "bad boy" behaviours. Participants expressed regret for behaving 'out of character'; however, the regret, rather than strictly heart-felt, functioned to re-establish men's identity as a typical Whistler guy, hedonistic but ultimately well intentioned. Ironic awareness of his temporary alignment with "*that* guy" provided young men with a platform on which to both "know better" and to indulge in the privileges afforded by a dominant masculinity; namely, to access casual sex without needing to consider the girl's feelings. Overall, within the public stories, there is a tone of both the "bad boy" getting away with something naughty and the "decent guy" condemning men's sexist behaviour towards women.

The tension between these contradictory masculinities exposed a deep struggle that young men demonstrated in the narratives about how to inhabit their sexuality. Public narratives supported and reinforced traditional masculinities based on a "boys will be boys" ethic. Narratives were simple and consistent. However, private stories revealed more complex and unresolved tensions in which men were less certain about how their experiences, and their masculinity, would be interpreted. The four genres of private stories – *good sex stories*, *redemption stories*, *shouldn't have happened stories* and *weird sex stories* – demonstrated more nuanced experiences of risk and pleasure. Pleasures of intoxicated sex, typically assumed to be a purely physical experience for men under a dominant masculinity, was, on the contrary, described in multi-dimensional terms in the private stories. Specifically, men identified several components to pleasure of intoxicated sex: heightened sensation, emotional closeness to a partner, spiritual connection, and the pleasure of pleasing a partner. Sexual pleasure was closely tied to sexual performance, suggesting men's vulnerability to being exposed as sexually inadequate or unskilled.

Substances, and their social pharmacological meanings, may provide men with more than just a boost in sexual confidence, but lend a meaning that gives men an "intoxicated masculinity" of sexual expertise or openness to sensual experimentation.

As with pleasure, the narratives problematized men's understandings of risks associated with intoxicated sex. While men's descriptive data emphasized a health perspective (i.e., unprotected sex as the biggest risk) for men, the narrative data exposed more emotionally and socially based risks. Concerns with hurting sexual partners' feelings, ruining friendships with girls they slept with, and giving false impressions of feelings inspired by drugs rather than authentic connection were some of the emotional risks expressed by men. Intoxicated behaviour that led to such outcomes caused genuine discomfort for men and was described by some of the older participants as part of the learning process to use substances moderately and be more respectful to women.

That said, men's sole focus on the vulnerability of women in sexual interactions belied their own vulnerability. Physical threats to health and safety were uniformly denied even when they described stories of drinking to the point of blacking out, mixing multiple substances in one drug taking event, and having sex with partners previously unknown to them. Such risky behaviour was portrayed with humour and as an inevitable part of being a guy in Whistler. In a social context that stressed being sexually active as a show of masculinity, men hinted at the social rejection they faced if they did not prove their heterosexual prowess. Stories of sexual adventures, or misadventures, were "currency" men required to participate in the local masculine culture, without which they were subject to teasing or questioning of their sexuality. In this context, men were implicitly under pressure to have sex and provide stories of sexual conquest and

adventure. Private stories demonstrated that men's experiences of the risks and pleasures of intoxicated sex defied the more simplistic narratives defined by dominant ideals of masculinity supported in public stories. The risk lies in men reshaping their private stories to flatten the complexities and conform to socially dominant stories of men and risk-taking.

These results from the narrative portion of the analysis challenge us to avoid making assumptions about the choices young men make. Taken as a whole, the study findings suggest that men must negotiate a complex set of social factors to maintain a cohesive identity: masculinities, substance use, implicit and explicit risks, and pleasures. It is hoped that these detailed qualitative descriptions and narratives provide the foundation for further exploration of the ways in which gender shapes young men's risk-taking behaviours and consequently affects the health of both men and women.

Limitations and Future Directions

. As a small qualitative study in a specific resort town, findings are based solely on the data from the participants interviewed. Because participants were purposefully screened for recreational drug use, the attitudes and experiences of men who do not use substances were not explored. Thus, it is unknown how the present results relate to or represent other men exhibiting different profiles of substance use and sexual behaviour. The sample for this study was white and middle-class, precluding an analysis of the intersection of race and class with gender in shaping this phenomenon. However, these limitations also provide direction for future research. For example, a study comparing men of varying class and privilege would enrich our understandings about the versatility of masculinity as a health determinant by revealing the locales and context in which

masculinities transcend local definitions and approach more global definitions (Connell & Messerschmidt, 2005). A comparison of women's and men's narratives or couple dyad studies would also provide important insights to how femininities interact with masculinities and how gender relations shape health behaviours. Using population level methods to identify different substance using patterns in different populations could provide a basis by which to compare drug cultures and masculinities, enhancing our understanding of the intersection of substance use and gender.

Findings from this study suggest that to create effective gender sensitive interventions to promote men's health, narratives of intoxicated sex that reinforce narrow definitions of dominant masculinity may need to be contrasted and perhaps contextualized within narratives that reflect the more complex, multifaceted experiences of men that were exemplified by the private narratives. Thus, narratives in which men question their own and other men's behaviours, or express contested yet complicit masculinities serve to enrich our understandings about the diversity and contradictions revealed within and between men's masculine identities. This need not be a joyless enterprise dedicated to helping men get in touch with the fear of their vulnerabilities or renounce their sexism. Part of moving gender equity forward in health involves acknowledging what many of the men recounted during this study, i.e., their capacity for pleasure – sexual, emotional, spiritual and physical. Rather than demonizing masculinity in young men's sexual health as celebrating reckless risk-taking, results from this thesis suggest that some men strive to be responsible for themselves and others. Revealing this 'good news' story affords men other possibilities and performances and the empirical savvy to go beyond the rhetoric crises in men's health. Providing harm-reduction

strategies for drinking and drug use that don't deny or downplay men's right to sexual pleasure but acknowledge their power and obligation to ensure self and partner safety is likely central messaging men about sexual health. Men require a holistic approach to health that acknowledges physical and emotional wellbeing and the specificities of social context that shapes their health practices.

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Appendix A
Third Party Recruitment Protocol

Whistler Guys Study

Thank you for agreeing to help recruit appropriate young men for this study. Your role is to inform young men ages 19-25 about an opportunity to participate in a research study about young men, sex and substance use and where they can get more information about getting involved.

Your task is simply to approach young men that may be eligible for this study or who may be willing to pass along the information to other young men and inform them of the study. You will have a small flyer containing a website that provides potential participants with information about the study and directs them to an online screening survey. The website is:

www.whistlerguysstudy.com

You may want to reassure potential participants that

- you have nothing to do with the study;
- will not know if they participate or not; and
- that any services they may receive from you will not be affected in any way by participating in this study.

You can inform them that a $20 honourarium may be available to them, if they qualify for the interview part of the study.

If you have any questions or concerns as you are helping with this study, please contact me right away:

Researcher: Jennifer Matthews,
Phone # 604-906-1227 (Whistler)
jam23@ualberta.ca

Thanks very much for your help

Please see the other side of this page for a brief script that covers the main points you need to convey to young men.

The following is a brief script that covers the main points:

Hi ,
I wanted to let you know about a study that is investigating young men's sexuality and use of drugs and alcohol. A graduate student from the University of Alberta would like to interview guys who live in Whistler about their opinions and experiences regarding sexuality and substance use. She would like to better understand what young men think about these issues and what their experiences are with partying and dating in the Whistler scene.

There are two parts to the study. The first part is a survey. The second part is an interview. If you qualify for the interview, you will be compensated $20 for your time.

If you are interested or want to know more information, here is a flyer with her contact information and a website with details about the study and the online survey you can complete to find out if you would be eligible or not.

I don't need to know whether you participate or not. This study has nothing to do with my role or position with Whistler Community Services/Staff Housing/other and has no impact on the services I provide.

If you have any friends who may also be interested in participating in this study, please pass on the website and contact information. The researcher said she would be happy to answer any of your questions if you want to contact her directly. *(refer to flyer)*

Thanks for considering this opportunity.

If you have any questions or concerns as you are helping with this study, please contact me right away:

Researcher: Jenny Matthews,
cell # 604-906-1227 (Vancouver)
jam23@ualberta.ca

Thanks very much for your help.

Appendix B
Recruitment Aid (Flyer Handout)

PARTICIPANTS NEEDED:
for a study about
sexuality and drug/alcohol use

Looking for 19-25 yr old guys who live/work in Whistler

To get more info, go to
www.whistlerguysstudy.com

or contact Researcher, (Jennifer)
- email: jam23@ualberta.ca
- phone: (604) 906-1227

PARTICIPANTS NEEDED:
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- phone: (604) 906-1227

Appendix C
Website Content

Website Home Page

(www.whistlerguysstudy.com)

WHISTLER GUYS STUDY

Thanks for your interest in this study!

We are looking for young men between the ages of 19-25 who would be interested in participating in a study about sex and substance use in Whistler.

There are two parts of this study. Part 1 is an on-line survey that takes no more than 10 minutes to complete.

Based your responses to Part 1, you may be eligible to participate in Part 2 of the study, an interview that is about an hour long. If you are selected for an interview, you will receive $20 for your participation.

If you would like to be a part of this study, please our study information (link to study information letter). You can access the survey at the bottom of the information webpage after you consent to participate.

Please tell any friends who may also want to participate in this study!

Website Information Page

Title of Project: Whistler Guys Study
Investigators: Jennifer Matthews MSc student, University of Alberta (778-839-9366; Vancouver) University of Alberta; Dr. Cameron Wild, University of Alberta, School of Public Health (780-492-6752)

The purpose of the study is to understand the relationship between sex and substance use from the perspective of young men.

If you meet the following conditions, you may participate in the study:

- You are a man
- You currently live in Whistler
- You are between the ages of 19 and 25 years
- You are able to read and write in English
- You are not currently receiving treatment for alcohol or other drug use

If you choose to participate, you will be asked to complete a brief online survey about your experiences with sex and substance use. This will take no more than 10 minutes to complete.

The on-line survey questions will ask you about the following areas:

- How long you've lived in Whistler
- Your job
- Your recent alcohol and other drug use
- Your recent sexual experiences
- Whether you might be interested in participating in Part 2 of the study (a 1-hour interview) in exchange for $20

You have the right to skip any question that you do not wish to answer. In order for the study to be meaningful, however, it is important that you try to complete the on-line survey to the best of your ability.

When you have completed the on-line survey, you may submit your answers using a labeled button. A feedback message will be generated to tell you that your answers have been submitted.

There are no risks associated with taking part in this study. You may choose to withdraw from the study at any time without consequence. All of your information will be confidential except when codes of ethics and/or laws require reporting. Only the research team will have access to the information you provide, and all of the data will be stored on a secured computer server or in a locked cabinet for a period of seven years. After this time, it will be destroyed.

Once data analysis for this study is complete, no secondary analyses will occur. Any reports that are produced to present the results of this study will only give group information and cannot be used to identify you personally. If you have any concerns about the way this study is carried out, you may contact the Health Research Ethics Board at 780-492-0839.

Still interested in participating?
Click **here** to provide consent for the study
Website Consent Page

Checked boxes mean "Yes" - Unchecked boxes mean "No"

Do you understand that you have been asked to be in a research study?
[Box]

Did you have an opportunity to read the preceding Information Sheet?
[Box]

Do you understand the benefits and risks involved in taking part in this study?
[Box]

Have you been given contact information should you want to ask questions or discuss the study?
[Box]

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason.
[Box]

Has the issue of confidentiality been explained to you?
[Box]

I agree to take part in the study [Button: Continue]

Any unfilled boxes, participant is referred back to home page.

All boxes filled, participant is referred to page 3 of website (see below).

On-line Survey Questions

1. How old are you? (*Check one of the boxes*)
   - ☐ 18
   - ☐ 19
   - ☐ 20
   - ☐ 21
   - ☐ 22
   - ☐ 23
   - ☐ 24
   - ☐ 25

2. Do you currently live in Whistler?
   - ☐ yes
   - ☐ no

3. What is your current work status?
   - ☐ employed full time
   - ☐ employed part time
   - ☐ unemployed

4. What industry do you work in?
   - ☐ bar/club
   - ☐ restaurant
   - ☐ hotel
   - ☐ mountain operations
   - ☐ ski/board instruction
   - ☐ sponsored athlete
   - ☐ retail
   - ☐ construction
   - ☐ other (please insert your industry in the text box)

5. What was your monthly gross income on average while working in Whistler? (up to the past twelve months)
   - ☐ under $1,000
   - ☐ $1,000 – 1, 500
   - ☐ $1,500 – 2,000
   - ☐ $2,000 – 2,500
   - ☐ $2,500 – 3,000
   - ☐ $3,000 or more

6. Are you currently enrolled in university or college as a full-time or part-time student?

- ☐ full time student
- ☐ part time student
- ☐ not a student

7. What is your current relationship status?

- ☐ single
- ☐ in a new relationship
- ☐ in a long term relationship
- ☐ married

8. What is your citizenship?

- ☐ Canadian
- ☐ Australian
- ☐ American
- ☐ British
- ☐ Other

The next questions ask about your alcohol and other drug use. For the questions in this section a "drink" means a can or bottle of beer or wine cooler, a 4 ounce glass of wine, a shot of liquor (like whiskey, vodka, or tequila), or a mixed drink

8. During the past month, on days when you drank, how many drinks did you usually have?

Drinks: _____

9. During the past month, how often, on average, did you consume alcoholic drinks?

- ☐ Every day
- ☐ 4-6 times a week
- ☐ 2-3 times a week
- ☐ Once a week
- ☐ 1-3 times a month
- ☐ Less than once a month
- ☐ Never
- ☐ Don't know

10. How many times in the last 4 weeks have you had five or more drinks of alcohol on the same occasion?

- ☐ Once
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ 5 or more times,
- ☐ Did not drink alcohol in last 4 weeks
- ☐ Did not drink 5 or more drinks on the same occasion in last four weeks,
- ☐ Do not drink alcohol

11. **In the last 12 months, how often did you...**		1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 39 times	40 or more times	Used, but not in last 12 months	Never used in lifetime	Don't know what this is
a.	Use CANNABIS (also known as marijuana, "weed", "grass", "pot", hashish, "hash", hash oil, etc.)?	O	O	O	O	O	O	O	O	O

b.		Sniff GLUE (for example, airplane glue, contact cement, etc.) in order to get high?	O	O	O	O	O	O	O	O	O	
c.		Sniff SOLVENTS (such as nail polish remover, paint thinner, gasoline, etc.) in order to get high?	O	O	O	O	O	O	O	O	O	
d.	p.	Use BARBITUATES (such as Seconal, also known as "reds", "red birds", "yellows", "yellow jackets", "OC", "OC's", "oxy", "oxycontin", "oxycotton", "hillbilly heroin", "blue heaven", "poor man's heroin", "kicker", "stopper", "killer", "pain killer", "hillbilly smack", "hillbilly dope", "hillbilly crack", "hillbilly H", "oxy cotton", "oxy cotton", "oxy 80", "oxy 80's

r.	Use ROHYPNOL (also known as "roach", "roofies")?	O	O	O	O	O	O	O	O	O
s.	Use KETAMINE (also known as "special K")?	O	O	O	O	O	O	O	O	O
t.	Use VIAGRA (also known as "Cialis, and Sidenafil citrate")?	O	O	O	O	O	O	O	O	O
u.	Use VICODIN (also known as "vik", "vikes")?	O	O	O	O	O	O	O	O	O

12. In the past 6 months, have you ever gone to anyone-a doctor, AA/NA, a treatment agency, family or friends, anyone at all-for a problem related in any way to your drinking or drug use?

- ☐ Yes
- ☐ No

13. Have you had sexual intercourse in the last month?

- ☐ Yes
- ☐ No

14. Did you use a condom the last time you had sexual intercourse?

- ☐ Yes
- ☐ No

15. Have you had sexual intercourse while under the influence of alcohol in the past month?

- ☐ Yes
- ☐ No

16. Have you had sexual intercourse while under the influence of other drugs in the past month?

- ☐ Yes
- ☐ No

17. How many sexual experiences have you had while under the influence of drugs or alcohol since you have lived in Whistler?

_____ experiences

Thank you!! This completes the on-line survey. One last question…

In the next month, we will be conducting follow-up interviews with some of the people who took part in this survey. If you qualify for the follow up interview, you will be asked to discuss an experience of sex under the influence of drugs and/or alcohol. It would take about an hour of your time, and you would be paid $20 to participate.

Would you be willing to talk to a researcher about an experience of intoxicated sex that you have had?

- ☐ Yes
- ☐ No

If you answered 'Yes', please provide contact information so that the researchers can reach you to tell you whether or not you are eligible for the second part of the study. This contact information will be kept confidential on a secure server for the duration of the recruitment and will be promptly destroyed after that.

First name _____
Phone number _____
Email addresses _____
Best time to reach you _____

Please indicate if I can leave a message for you regarding this study or if you would prefer me to speak only directly to you.

- ☐ Can leave me a message
- ☐ Prefer to speak only to the researcher

Appendix D
Alternate Delivery Screening Procedure

Title of Project: Whistler Guys Study
Investigators: Jennifer Matthews MSc student, University of Alberta (778-839-9366; Vancouver) University of Alberta; Dr. Cameron Wild, University of Alberta, School of Public Health (780-492-6752)

The purpose of the study is to understand the relationship between sex and substance use from the perspective of young men.

If you meet the following conditions, you may participate in the study:

- You are a man
- You currently live in Whistler
- You are between the ages of 19 and 25 years
- You are able to read and write in English
- You are not currently receiving treatment for alcohol or other drug use

If you choose to participate, you will be asked to complete a survey about your experiences with sex and substance use. This will take no more than 10 minutes to complete.

The survey questions will ask you about the following areas:

- How long you've lived in Whistler
- Your job
- Your recent alcohol and other drug use
- Your recent sexual experiences
- Whether you might be interested in participating in Part 2 of the study (a 1-hour interview) in exchange for $20

You have the right to skip any question that you do not wish to answer. In order for the study to be meaningful, however, it is important that you try to complete the survey to the best of your ability.

When you have completed the survey questions, I will tell you whether you are eligible for part 2 of the study.

There are no risks associated with taking part in this study. You may choose to withdraw from the study at any time without consequence. All of your information will be confidential except when codes of ethics and/or laws require reporting. Only the research team will have access to the information you provide, and all of the data will be stored on a secured computer server or in a locked cabinet for a period of seven years. After this time, it will be destroyed.

Once data analysis for this study is complete, no secondary analyses will occur. Any reports that are produced to present the results of this study will only give group information and cannot be used to identify you personally. If you have any concerns

about the way this study is carried out, you may contact the Health Research Ethics Board at 780-492-0839.

Are you still interested in participating?

Screening Survey Consent Information

Do you understand that you have been asked to be in a research study?
[yes] [no]

Did you have an opportunity to read the preceding Information Sheet?
[yes] [no]

Do you understand the benefits and risks involved in taking part in this study?
[yes] [no]

Have you been given contact information should you want to ask questions or discuss the study?
[yes] [no]

Do you understand that you are free to refuse to participate or withdraw from the study at any time? You do not have to give a reason.
[yes] [no]

Has the issue of confidentiality been explained to you?
[yes] [no]

Do you agree to take part in the study?
[yes] [no]

(If individual agrees to participate in study, continue to paper version of screening survey)

(If individual declines, thank individual and end contact).

Screening Survey Questions – Paper Format

Please answer the following questions as honestly as you can. You do not have to answer any questions you don't want to.

1. How old are you? (*Check one of the boxes*)
   - ☐ 18
   - ☐ 19
   - ☐ 20
   - ☐ 21
   - ☐ 22
   - ☐ 23
   - ☐ 24
   - ☐ 25

2. Do you currently live in Whistler?
   - ☐ yes
   - ☐ no

3. What is your current work status?
   - ☐ employed full time
   - ☐ employed part time
   - ☐ unemployed

4. What industry do you work in?
   - ☐ bar/club
   - ☐ restaurant
   - ☐ hotel
   - ☐ mountain operations
   - ☐ ski/board instruction
   - ☐ sponsored athlete
   - ☐ retail
   - ☐ construction
   - ☐ other (please insert your industry in the text box)

5. What was your monthly gross income on average while working in Whistler? (up to the past twelve months)
   - ☐ under $1,000
   - ☐ $1,000 – 1, 500
   - ☐ $1,500 – 2,000
   - ☐ $2,000 – 2,500
   - ☐ $2,500 – 3,000
   - ☐ $3,000 or more

6. Are you currently enrolled in university or college as a full-time or part-time student?

- ☐ full time student
- ☐ part time student
- ☐ not a student

7. What is your current relationship status?
   - ☐ single
   - ☐ in a new relationship
   - ☐ in a long term relationship
   - ☐ married

8. What is your citizenship?
   - ☐ Canadian
   - ☐ Australian
   - ☐ American
   - ☐ British
   - ☐ Other

The next questions ask about your alcohol and other drug use. For the questions in this section a "drink" means a can or bottle of beer or wine cooler, a 4 ounce glass of wine, a shot of liquor (like whiskey, vodka, or tequila), or a mixed drink

8. During the past month, on days when you drank, how many drinks did you usually have?

   Drinks: _____

9. During the past month, how often, on average, did you consume alcoholic drinks?
   - ☐ Every day
   - ☐ 4-6 times a week
   - ☐ 2-3 times a week
   - ☐ Once a week
   - ☐ 1-3 times a month
   - ☐ Less than once a month
   - ☐ Never
   - ☐ Don't know

10. How many times in the last 4 weeks have you had five or more drinks of alcohol on the same occasion?
   - ☐ Once
   - ☐ 2 times
   - ☐ 3 times
   - ☐ 4 times
   - ☐ 5 or more times,
   - ☐ Did not drink alcohol in last 4 weeks
   - ☐ Did not drink 5 or more drinks on the same occasion in last four weeks,
   - ☐ Do not drink alcohol

11. **In the last 12 months, how often did you...**		1 to 2 times	3 to 5 times	6 to 9 times	10 to 19 times	20 to 39 times	40 or more times	Used, but not in last 12 months	Never used in lifetime	Don't know what this is
a.	Use CANNABIS (also known as marijuana, "weed", "grass", "pot", hashish, "hash", hash oil, etc.)?	O	O	O	O	O	O	O	O	O
b.	Sniff GLUE (for example, airplane glue, contact cement, etc.) in order to get high?	O	O	O	O	O	O	O	O	O
c.	Sniff SOLVENTS (such as nail polish remover, paint thinner, gasoline, etc.) in order to get high?	O	O	O	O	O	O	O	O	O
d.	Use BARBITUATES (such as Seconal, also known as "barbs", "rainbows", etc.) without a prescription or without a doctor telling you to take them?	O	O	O	O	O	O	O	O	O
e.	Use HEROIN (also known as "H", "junk", "smack", etc.)?	O	O	O	O	O	O	O	O	O
f.	Use METHAMPHETAMINES or "speed"?	O	O	O	O	O	O	O	O	O
g.	Use CRYSTAL METH or "ice"?	O	O	O	O	O	O	O	O	O
h.	Use COCAINE (also known as "coke", "snow", "snort", "blow", etc.)?	O	O	O	O	O	O	O	O	O
i.	Use cocaine in the form of CRACK?	O	O	O	O	O	O	O	O	O
j.	Use STIMULANTS other than cocaine (such as diet pills, also known as "uppers", "bennies", "dexies", etc.) without a prescription or without a doctor telling you to take them?	O	O	O	O	O	O	O	O	O
k.	Use TRANQUILLIZERS (such as Valium, Librium, also known as "tranqs", "downers", etc.) without a prescription or without a doctor telling	O	O	O	O	O	O	O	O	O
l.	Use LSD or acid?	O	O	O	O	O	O	O	O	O
m.	Use the drug PCP (also known as "angel dust", "dust", "horse tranquillizer", etc.)?	O	O	O	O	O	O	O	O	O
n.	Use HALLUCINOGENS other than LSD or PCP (such as Mescalin and Psilocybin, also known as "magic mushrooms", "mesc", etc.)?	O	O	O	O	O	O	O	O	O
o.	Use MDMA or "Ecstasy"?	O	O	O	O	O	O	O	O	O

p.	Use OXYCONTIN (also known as "oxy", "OC")?	O	O	O	O	O	O	O	O	O
q.	Use GHB (also known as "G", "goop", "grievous bodily harm", "liquid ecstasy")?	O	O	O	O	O	O	O	O	O
r.	Use ROHYPNOL (also known as "roach", "roofies")?	O	O	O	O	O	O	O	O	O
s.	Use KETAMINE (also known as "special K")?	O	O	O	O	O	O	O	O	O
t.	Use VIAGRA (also known as "Cialis, and Sidenafil citrate")?	O	O	O	O	O	O	O	O	O
u.	Use VICODIN (also known as "vik", "vikes")?	O	O	O	O	O	O	O	O	O

12. In the past 6 months, have you ever gone to anyone-a doctor, AA/NA, a treatment agency, family or friends, anyone at all-for a problem related in any way to your drinking or drug use?

- ☐ Yes
- ☐ No

13. Have you had sexual intercourse in the last month?

- ☐ Yes
- ☐ No

14. Did you use a condom the last time you had sexual intercourse?

- ☐ Yes
- ☐ No

15. Have you had sexual intercourse while under the influence of alcohol in the past month?

- ☐ Yes
- ☐ No

16. Have you had sexual intercourse while under the influence of other drugs in the past month?

- ☐ Yes
- ☐ No

17. How many sexual experiences have you had while under the influence of drugs or alcohol since you have lived in Whistler?

_____ experiences

Thank you!! This completes the survey. One last question…

In the next month, we will be conducting follow-up interviews with some of the people who took part in this survey. If you qualify for the follow up interview, you will be asked to discuss an experience of sex under the influence of drugs and/or alcohol. It would take about an hour of your time, and you would be paid $20 to participate in it.

Would you be willing to talk to a researcher about an experience of intoxicated sex that you have had?

- ☐ Yes
- ☐ No

If you answered 'Yes', please provide contact information so that I can reach you to tell you whether or not you are eligible for the second part of the study. This contact information will be kept confidential on a secure server for the duration of the recruitment and will be promptly destroyed after that.

First name _____
Phone number _____
Email addresses _____
Best time to reach you _____

Please indicate if I can leave a message for you regarding this study or if you would prefer me to speak only directly to you.

- ☐ Can leave me a message
- ☐ Prefer to speak only to the researcher

Appendix E
Notification of Ineligibility Protocol

To be delivered by email or phone as requested

Thank you very much for your interest in the Whistler Guys Study. At this time you do not meet the criteria I need for my interviews. Thank you for filling out the survey. The survey information will be summarized for the purposes of my study write up without any identifying information attached. All your contact information will be deleted from my records and your confidentiality protected. Thanks so much for your participation.

Have a great season,
Jennifer Matthews

Appendix F
Notification of Eligibility Protocol

To be delivered by phone or email exchange

Thank you very much for your interest in the Whistler Guys Study. On the screening survey you filled out, you said you would be willing to be interviewed. Are you still interested in participating in this study?

(*if no*)

Thanks very much for your time. (*end call or end with signature, Jennifer Matthews*)

(*if yes*)

Have you read the information about the study on the website? This outlines what you need to know to make informed consent to participate in the interview.

(*if no, go over information sheet verbally or attach copy of information sheet to email, then continue with protocol below*)

(*if yes*)

I will also have a consent form that you need to sign in order to participate in the study. You will receive a $20 honourarium for participating in the interview.

Is there a convenient time we could meet for an interview? The interview will take approximately 1 to 1.5 hours.

(*make arrangements for interview, time and place*).

Do you have any questions or concerns you would like to talk about regarding this study?

(*answer*)

Okay, let's confirm our interview.

(*confirm time and place*).

Appendix G
Interview Consent Form

Whistler Guy's Study (Interview Consent Form)

Principal Investigator(s): **Jennifer Matthews, MSc Candidate** Phone Number(s): **1-778-839-9366**

Co-Investigator(s): **Dr. Cameron Wild, Thesis Supervisor** Phone Number(s): **1-780-492-9414**

Part 2	Yes	No
Do you understand that you have been asked to be in a research study?	☐	☐
Have you read and received a copy of the attached Information Sheet?	☐	☐
Do you understand the benefits and risks involved in taking part in this research study?	☐	☐
Have you had an opportunity to ask questions and discuss this study?	☐	☐
Do you understand that you are free to withdraw from the study at any time, without having to give a reason and without affecting your future medical care?	☐	☐
Has the issue of confidentiality been explained to you?	☐	☐

Who explained this study to you? _____

I agree to take part in this study: YES ☐ NO ☐

Signature of Research Subject _____

(Printed Name) _____

Date: _____

Signature of Witness _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____ Date _____

THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM AND A COPY GIVEN TO THE RESEARCH SUBJECT

Appendix H
Interview Protocol

Thanks for agreeing to participate in this study. This interview takes about an hour and a half and I have $20 to give you to thank you for your time and participation.

I am going to ask you some questions about what your opinions and thoughts are around sex and substance use in Whistler and then ask you about a personal experience of sex under the influence. You are free to stop the interview at any time or to not answer questions you don't want to. Everything you tell me will be kept confidential, meaning that your name, anyone else's name and any identifying information will be left out and I will store the data separate from any contact information.

Also, because this interview is about personal experiences around sex and substance use, if anything comes up that is upsetting, I have a list of local resources where you can get more information or talk to someone.

If you have any questions for me as we are talking, just ask as me. I am happy to answer any questions. There are no trick questions in this study, so if you are wondering why I am asking something, feel free to question me.

1. What brought you to live and work in Whistler?
   - What had you heard about it that made you want to come here?
   - How has your experience so far matched your expectations about Whistler?

2. Could you describe what you think is the stereotype about guys in whistler? If someone was to ask the community about what young guys ages 19-25 in whistler are like, what would they say?
   - in relation to drinking and doing drugs?
   - in relation to dating, women and sex?

3. How much do the guys you know and hang out with fit this stereotype?
   - in what ways are they like it?
   - In what ways are they not like it?

4. What about yourself? Are there times you fit this stereotype? Times when you don't?

5. When do you feel most like a man?

6. What do you think about the idea that guys use drugs and alcohol
   - to get women to 'loosen up' or be more likely to hook up?
   - to take advantage of women?
   - How do these ideas affect you when you are out at a bar potentially to meet women?

7. Tell me a bit about what you know of drug and alcohol use in Whistler. How would you describe substance use here? Compared to where you are from? What differences and similarities do you notice? Are there any differences you notice between men and women's substance use in Whistler?

8. What about the dating scene? How do you go about meeting women here?
    - What are the women like?
    - Where do you go to meet them?
    - How easy/hard is it to hook up?
    - What do you think they are looking for when they are here in terms of guys?
    - How do you think women would describe Whistler guys?

9. What is your sense of how common sex under the influence is in Whistler? Why do you think that it is that common/not common?

10. What do you think is the connection between sex and substance use based on your experiences while living here in Whistler?

11. What role do alcohol and drugs play in your sex life?
    - When might you prefer being drunk or high when having sex?
    - Do you have a preference for certain drugs for sex? If so why?
    - Which ones don't you prefer? Why?
    - What sorts of things have you heard about drugs in relation to how they affect sexual experiences for men and women?

12. What might you do differently when you are drunk or high than when you are sober?
    - what are some of the benefits you like about intoxicated sex?
    - what are some of the risks you might take?

13. What kind of difference does it make to the sexual experience for you if your partner is also drunk or high?

14. What kinds of things do guys have to be careful about when having intoxicated sex? what might be some things they have to consider? Do you have any examples from your own experience about risks you've had to weigh in relation to intoxicated sex?

15. Do you ever prefer to be intoxicated when having sex? why/why not? What sorts of things do you like about it?

16. What about living and working in Whistler do you think promotes or facilitates having sex under the influence?

17. What do you hear guys talking about in relation to intoxicated sex? What kinds of things have you heard other guys say? What do you make of these stories?

18. How do you think substances affect your sexual interactions with women? How do you think it affects women around sex? what does that mean for you?

Story: *Now I would like you to think of a couple of specific times and tell me in some detail about those experiences. Again, you are free to tell me as much or as little as you*

feel comfortable sharing. All references that may identify you or another person will be left out of the transcripts. I need you to recall

19. Can you tell me about a time when you were drunk or high and had sex…
    - and it was a really positive experience.
    - It was a really negative experience.

20. Take me through the experience of the night:
    - what were you doing earlier in the night?
    - Where were you?
    - Who were you with?
    - Where did you go out?
    - When did you decide to hook up with person?
    - How did it happen?
    - How much did you drink? Drugs?
    - What was she like? How did she respond to you? how did you know she wanted to hook up?

21. What sorts of things did you do that you would consider risky? (practices: substance use and sexual)

22. What ended up happening? (outcomes) (positive/negative)

23. What would you say was something you learned from this experience of intoxicated sex? (moral of the story)

24. What do you think it is important for young guys to know? (lessons learned)

25. What sorts of things do you think it is important for guys to know about around sex under the influence? What sorts of things would you recommend to promote healthy and safe sexual experiences under the influence of drugs and alcohol?

26. What is your definition of sexual health?

27. Are there any other thoughts you wanted to add about guys and the experiences of sex under the influence of drugs and alcohol?

28. Would you be willing to be contacted for a follow-up so that I can double check to make sure I understood and recorded your ideas correctly? This would involve me calling you in a month and going over a summary of what you said and asking any clarifying questions. It would take up to 20 minutes at the most to complete.
    (*if yes, confirm correct contact information*)
    (*if no, note that participant does not want to be contacted again.)*

Thanks so much for sharing your experiences with me. Please accept this $20 as a thank you for your time.

Appendix I
Resources for Whistler

Should you or someone you know need some help or information, please contact one of these services below.

Resources for Whistler		Phone Number
Victim Services	RCMP	604-905-1969 604-938-8699 after hours
Drug & alcohol counselling	Sea to Sky Community Services	604-938-3354
Outreach worker – Greg	Whistler Community Services	604-938-3902
Sexual health clinic	SAFE Clinic	604-932-3202

Appendix J
Follow-Up Protocol

Follow-up contact to be conducted by telephone.

Hi (*name*),

I interviewed you recently and you consented to having me contact you for any follow up. I would like to review what we talked about to make sure that I understood everything you said in your interview. (*for phone calls*) Are you available to discuss this right now?

(*If no, reschedule for a convenient time*)

(*If yes*)

I have written a summary of the story you shared with me about your experience of sex under the influence of drugs/alcohol. I am just going to read this to you and you can give me feedback about how accurately I described your experience.

(read summary)

Is there anything else you would like to add after our interview?

(Ask any other questions that stem from the interview and preliminary analysis)

Appendix K
Whistler Question Cover Shot

Teaching the cubs
AWARE tries to make kids Bear Aware.
›PAGE 31

Tops at Five Peaks
Titus, McHugh take top spots in alpine race.
›PAGE 33

whistler THISWEEK
See centre pullout for your guide to what's happening in Whistler this week.

Thursday, August 30, 2007 › Vol. 31, Issue 35 › Serving Whistler & Pemberton since 1976 › www.whistlerquestion.com › 72 pages

THE Question

PRICELESS (no g.s.t.!)

Sex, drugs and the men of Whistler

Study looks at sexual behaviour of local guys under the influence

ROSEMARY WESTWOOD
Special to the Question

The private lives of Whistler guys have been under the microscope this summer as researcher Jennifer Mathews has asked young men to lay bare their sexual experiences under the influence of drugs and alcohol for her study.

Titled "Whistler Guys Study," Mathews's sociological study looks at two aspects of sexual behaviour that she says are understudied – the use of drugs and alcohol, and men.

"The two major topics for youth – sex and sexuality and drugs and alcohol – are not dealing with the issues together, which we know often happen together," she said.

Mathews is on the brink of completing the research phase of her study and will spend the fall analyzing data she collected through an online survey and in-person, one hour interviews with Whistler men aged 19 to 25. About 25 men responded to the survey, and from that 16 conducted interviews with Mathews, for which they received $20. Each participant was guaranteed anonymity.

Recruitment was an adventure, she said, not entirely devoid of humour.

To get the word out, Mathews put up posters in the staff rooms of bars and restaurants, coffee shops and in staff housing back in June. When she started having trouble finding men to come in and chat with her, Mathews took a unique approach and went to find men at one of the locations of the behaviour she is studying – bar lineups.

MEN cont'd on page 4

ON THE LAM: Kitty Musa (left) and Jay Brinkman discuss the project and survey with Jennifer Mathews, who is interviewing young males in Whistler about sex and relationships under the influence of drugs and alcohol.

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For a Complimentary Real Estate package about home ownership in Whistler delivered to your door call us today!
604.905.9105
or email: shauna@shaunahomes.com
Shauna O'Callaghan
OPENING DOORS IN WHISTLER

7445 Aspen Boulevard
Pemberton's finest craftsmanship home. 4 bedrooms plus a den with lots of warm wood and fir floors. Vaulted ceilings frames the private view, fireplace, and open spaces. A 2 car garage and rental suite. You will not find more value at this price. $569,000

Whistler Real Estate